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ABSTRACT

A survey of Wisconsin's migrant workers was conducted to obtain demographic information, to determine unmet health care needs, and to make recommendations for migrant health services based on those needs. A stratified random sample of 408 workers was selected, representing about 10% of the migrant workers in Wisconsin in the 1978 season; 262 of those selected were interviewed. Information was obtained by bilingual interviewers using a standard household interview form. Forty percent of those interviewed spoke only Spanish and 91 percent said that their ethnic heritage was Mexican. Migrants expressed the need for dental care, health facilities with night and weekend hours, Spanish-speaking health professionals, and improved environmental conditions. Unmet needs which were not perceived as important included mental health services, family planning, and alcoholism counseling. General recommendations, based on the findings of the survey, include upgrading the level of preventive health care, improving access to health care services, providing programs for improving mental health, enforcing existing environmental regulations, and involving migrants in the health planning process. The health survey form, printed in Spanish and English, is appended. (JH)

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Health Needs of Migrant Workers in Wisconsin

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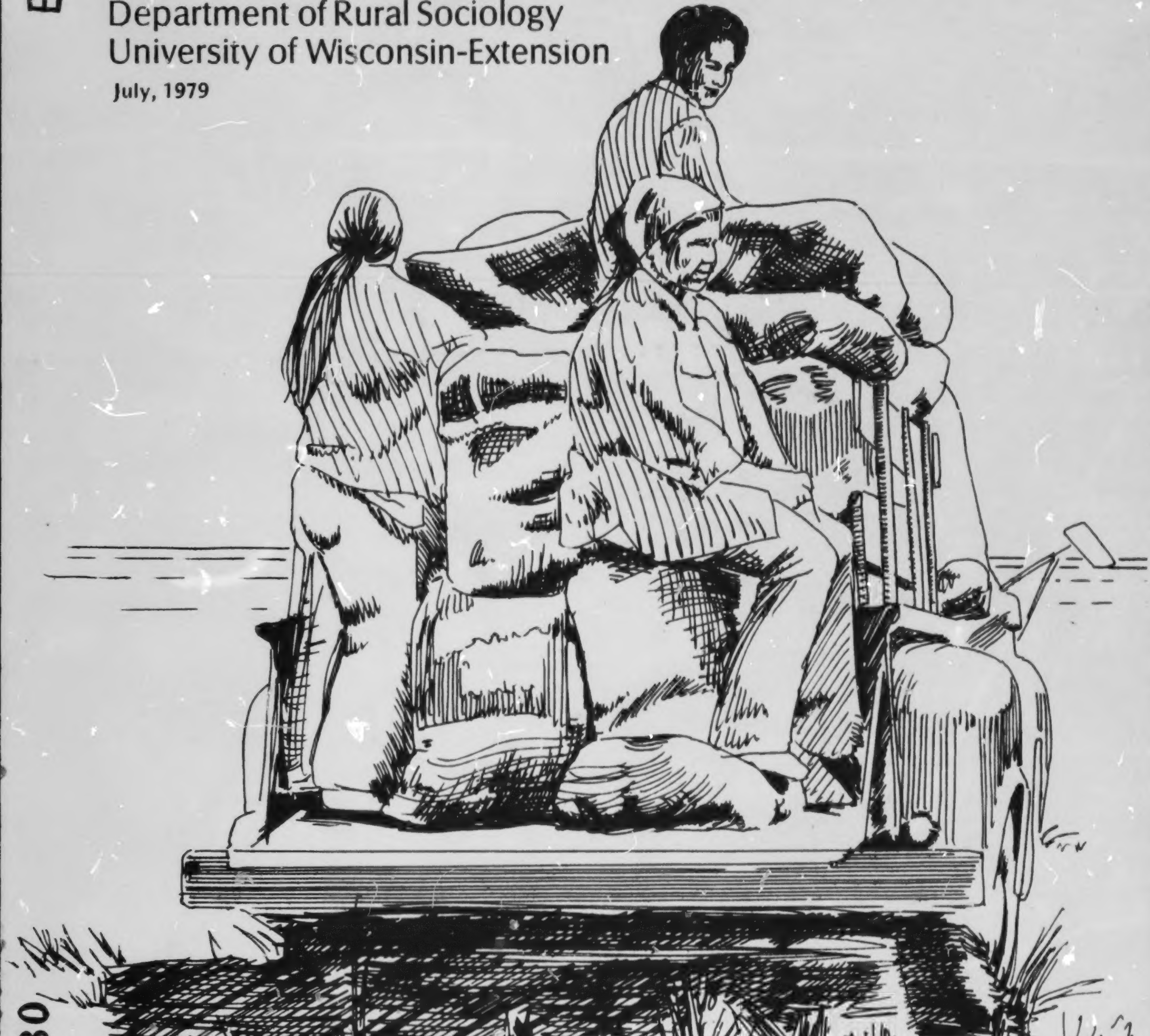
July, 1979



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Highlights and Recommendations

Migrant workers who come to Wisconsin to assist in harvesting and processing agricultural products form a unique part of the labor force. The work they perform is essential in two parts of Wisconsin agriculture: canning locally grown vegetables such as green beans, peas and corn, and harvesting cucumbers for pickles. Both industries are almost entirely dependent upon migrant seasonal labor.

This report is based on information obtained from interviews with a ten percent stratified random sample of migrants working in Wisconsin from July through September of 1978. The sample included 408 workers, and 262 interviews were conducted. An additional 99 interviews were conducted with married women under 50 in the workers' households. This latter group, plus workers who were women under 50, provided information about childbearing, the health status of their children, and their own health conditions.

Many of the migrants' socioeconomic characteristics, as well as the special demands of migratory life, influence their health status and medical utilization patterns. This study has noted some of the specific characteristics of the migrant population. As a group, they are not fluent in English; their educational attainment is poor; their low family incomes place them in condition of poverty; and they must travel thousands of miles each year in search of work.

About one in four migrant workers comes alone, leaving friends and families in other parts of the country. The remainder come with their families and relatives, and work as a unit. Most of the family groups work in the fields, whereas most of the "singles" work in canneries.

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About 90 percent of the migrant workers are of Mexican heritage. The remainder are Black and Anglo-Americans, Filipinos, Haitians and Jamaicans. Four out of five workers report that Texas is their home state.

Despite individual differences, migrants as a group perceive their health to be much poorer than other Americans who have been asked to rate their general health. Compared with the general population, migrants list more bothersome health conditions and a larger proportion of the group is troubled by them. Migrants' perception of their health status, services they use, health services they would use if available, and barriers to health care are reported in this study.

Numerous health problems prevail for the group as a whole, including headaches, eye problems, nervousness, backaches, and such chronic conditions as high blood pressure, diabetes, and arthritis. Migrant women report histories of unusally high fetal loss and infant and child mortality. At the same time, they have poor records of receiving physical examinations, Pap tests, and early prenatal care.

Health and medical problems reported by different sub-groups of workers were examined. In brief, women tended to report more bothersome health conditions than men, but they have similar medical utilization patterns. Workers who speak only Spanish report their health as poorer, report more health conditions that bother them, and utilize fewer medical services than other migrant workers.

Health status depends in part on the individual and his or her health habits, and in part on the role of health care providers. However, access to health providers and continuity of care is much more difficult for migrants than for most Americans. Therefore, certain recommendations address increasing individual responsibility for a healthy life style, although the main thrust of the recommendations is aimed at lowering barriers to access for care and upgrading environmental conditions.

Wisconsin already has a functioning migrant health network in place. Its focus is La Clinica de los Campesinos -- the Farmworker's Clinic. It is located in the area most populated with migrant workers, Waushara county and has a satellite clinic in Dodge county. For the remainder of the state, various ad hoc arrangements are made with local providers and county health departments. The services are often facilitated by an Hispanic organization, such as La Raza Unida of Jefferson and La Comunidad de Amigos of Port Washington.

The number of migrants working in Wisconsin agriculture has been slowly declining since the mid 1950s. We estimated that in 1978 there were about

4,100 workers and an additional 2,500 dependents in the migrant population. Assuming this trend of declining population will continue, these recommendations emphasize maintaining clinics that now serve migrants, and encouraging migrant utilization of existing year round health services.

Upgrade the Level of Preventive Health Care

Health providers should continue efforts to improve the level of preventive health care for this group. This would include, among other services:

dental care
vision care
general physical checkups
pelvic exams and Pap tests for women
early prenatal care
immunizations for children

As a basis for these suggestions the findings of this study show that:

--One out of four workers has never been to a dentist, one out of three felt they currently needed dental care, and 59 percent of these reported they would use dental care if it was available.

--Thirty-five percent of the workers have never had a vision check.

--Seventy-five percent of the workers have not had a physical checkup within the past year, and 30 percent have never had a routine physical.

--One-third of the women have never had a general physical examination; 21 percent have never had a pelvic exam, and 17 percent have never had a Pap test.

--On the other hand, according to their mothers' reports, over 90 percent of school aged children have been immunized against the major childhood diseases.

Effort should be directed toward educating the migrant population about the importance of preventive care. Because of time constraints and difficulty the migrants have in getting to doctors' offices, non-emergency consultations assume very low priority. Perhaps the findings that immunization levels for children are reasonably good may be explained by noting that most children are immunized in school, where they are a relatively captive population.

Improve Access to Health Services

The State of Wisconsin should continue to support the services of La Clinica de los Campesinos. The study showed that in areas where migrants have heard of or used La Clinica, there are fewer concerns expressed over night and weekend clinic hours and problems related to language when obtaining medical care. In addition, workers who live in La Clinica's catchment area indicate less concern with transportation problems and facilities located closer to their home than workers who live elsewhere in the state. La Clinica's program is reasonably well known in its catchment area, and a fairly large proportion of migrants in that area use its services. Both the Women, Infant and Children's (WIC) program and the dental clinic have received widespread usage.

The State of Wisconsin should assist in establishing a good network of existing year-round health care providers in various parts of the state who will serve the migrant community. These providers should incorporate two essential aspects into their services: (1) night and/or weekend hours, and (2) bilingual staff or access to community workers who can translate and interpret in Spanish and English.

There are a number of private physicians and clinics in the state, outside of La Clinica's catchment area, who contract with La Clinica to provide health services to migrants. Fiscal arrangements and recordkeeping problems have already been worked out. This group of providers should be expanded, and the providers encouraged and assisted in expanding office hours and hiring bilingual interpreters to be available during those hours. In addition, it is suggested that private practitioners consider adding a bilingual physician assistant or nurse practitioner for the summer months to share the additional work load.

The State of Wisconsin should publicize and encourage the expansion of existing health services for year-round Hispanic residents to serve seasonal migrant workers. In some cities, such as Milwaukee, Waukesha, Delafield and Sheboygan, there are sizable permanent Hispanic populations. Where health clinics exist in these locations to serve year-round Hispanic residents, the usual health care facilities should be seasonally expanded to absorb the additional migrant patient load in the summer and early fall.

Some clinics already have bilingual personnel. Among these are:

St. Joseph's Health Clinic in Waukesha
Southside Community Health Center in Milwaukee
Child and Adolescent Health Center in Children's Hospital
  in Milwaukee
Sixteenth Street Health Center in Milwaukee
Problem Pregnancy Clinic in Milwaukee

In addition, Spanish interpreters are on call 24 hours a day at two Milwaukee hospitals--Milwaukee County General Hospital and St. Mary's Hospital. Although other facilities may have bilingual staff, this survey was unable to learn about them.

The State of Wisconsin should continue to fund part-time Spanish-speaking public health nurses in counties with sizable migrant populations. As this program now operates, the funding is given to the County Health Departments, thus involving local personnel in planning and executing the program. The program has proven quite successful, and it is well received by the migrants. Nurses visit families in camps and housing units, eliminating the migrants' need for transportation to the health providers. The nurses also observe the living conditions of the families, and adapt their educational endeavors to the situations they find. The data show that relatively few migrants are aware of this program (20 percent), but every one who had had some contact was satisfied with the service they received. To date, only eight counties are participating in this program. This program should be expanded to include additional counties which may have fewer migrants.

The State of Wisconsin should implement a program of promptly providing Medical Assistance or Medicaid (Title 19) to migrants when they arrive in Wisconsin and for the duration of their stay. This recommendation, adopted by the Governor's Health Policy Council and forwarded to the Department of Health and Social Services, is designed to ensure that migrants obtain medical assistance on the basis of their annual income, and not simply estimated on the basis of their Wisconsin earnings. Additionally, migrants should be granted certification for medical assistance for the duration of their stay in the state rather than for short periods that require continual renewal.

In the meantime, the state should consider means to make the certification process for medical assistance more accessible. Social service offices should have some evening hours, and the state should support outreach workers who would visit camps, provide information about the medical assistance program, and certify workers for the programs. In the study it was found that only one out of five workers reported that Medicaid helped pay for their medical bills. Improvements in making medical assistance more available could promote increased health utilization among migrants.

Encourage Individual Self Care

Adult education organizations should help migrants learn about two areas where they express great interest: nutrition and first aid.

With respect to nutrition, we noted that the Women, Infants and Children program (WIC) and Food Stamp program are among the most popular programs and services currently being offered to migrants. Thirty-one percent of the workers said they would like information and classes on nutrition. Nutrition education, the Expanded Food, Nutrition and Education Program (EFNEP), and other home management programs are topics which lend themselves to the University of Wisconsin-Extension adult education programs.

An interest in first aid training was expressed by 45 percent of the migrants and should be seriously considered. The American Red Cross, the

University of Wisconsin-Extension, or other groups are well equipped to offer such classes.

Language ability must be considered in teaching the courses and in the preparation and choice of course materials. The hours that the courses are offered must be suitably planned to fit into the migrants' work schedules.

Provide Programs for Improving Mental Health

Little is being done by the counties in Wisconsin to provide services to migrants in the area of mental health. Coping with daily stress and strain is difficult for all of us, and especially for those with low incomes, living far from the comforts afforded by their homes, their relatives, and their culture.

We have evidence that migrants are under considerable stress. The most frequent health conditions that troubled migrants were in the general area of mental distress, including nervousness, headaches, trouble sleeping, irritability, and low spirits.

The migrants report that, in general, they have little interest in professional counseling, whether it is for drug or alcohol abuse, family planning, or marital or family problems. If such services are available, and are to be utilized by the migrant group, a strong educational program must be mounted to increase their understanding and appreciation of professional services. Many who would turn to a professional with a personal problem did not know where to seek help if they needed it. Without counselors and other mental health professionals who are bilingual and familiar with the migrant experience, outreach services for the Spanish-speaking community function ineffectively and do little to ease the migrants' feelings of alienation.

On the other hand, migrants tell us they depend upon their family members and friends for help and advice in personal problems. They have a strong traditional helping network among family members. They also rely on their church and priests. In Wisconsin, however, very few knew of a Spanish-speaking priest in their area. Church attendance in their home state was high and frequent, whereas it drops off significantly when they are in Wisconsin.

Relaxation and recreation are important components to maintaining good mental health. Recreational programs are lacking in most locations. Hispanic organizations, 4-H clubs of the University of Wisconsin-Extension, and YMCAs or other organizations might consider planning softball games, soccer games, weekend movies in Spanish, art fairs, or fiestas.

Coordinate Efforts of Outreach Workers

Coordinating information about and access to programs which are available to migrants is very important. WIC, UMOS, La Clinica, La Raza Unida, Texas Migrant Council, the Food Stamp program and other organizations and programs have outreach workers who attempt to acquaint migrants with their programs. There is gross duplication of effort, and much imposition on the time and privacy of the migrants. The responsibility of coordination rests with the state for its programs. Other responsibility rests with the advocacy organizations for Hispanics, especially those organizations based in Wisconsin. The interviewers in this project often noted the duplication of outreach efforts in some camps, and the lack of any contacts in others. Camps located within an easy drive of Madison were more likely than outlying camps to be visited by service organizations.

We suggest that most camps have "natural leaders" among the migrants. In many cases it is a respected elder member of the group, in others it is the crew leader. When possible, organizations planning outreach efforts with migrants should initially work through this person.

The University of Wisconsin-Extension has a year-round administrative office in every Wisconsin county in which migrants work. These offices are potential sites for the establishment of local clearinghouses for the many federal, state and community groups that wish to contact and visit the migrant camps. Perhaps this untapped resource might be utilized to share information among service organizations and government offices and programs, so that outreach efforts are not duplicated, and the possibilities of coordination enhanced.

The state should consider publishing a directory of information about various services available to migrants, similar to Emergency Services for Migrants, which was published by the Division of Family Services in 1974. This directory should cover not only state programs, but other sources of help as well (e.g., legal aid, emergency housing, etc.). This directory should be available at all social service offices in the state as well as appropriate centers where migrants congregate, such as La Clinica de los Campesinos, and the various La Raza Unida and UMOS offices.

It is important to remember that not all migrants are Spanish-speaking. There are subgroups among them, including some workers who speak only French. The special needs of these groups should also be recognized.

Enforce Existing Environmental Regulations

Adequate standards for environmental health must be enforced and maintained. Environmental health in this report includes housing standards, sanitary facilities, and clean air and water. The Department of Labor and Human Relations and the Department of Health and Social Services have the responsibility of overseeing the quality of environmental health.

Over the years, Wisconsin has improved the housing and sanitation conditions for migrants through the passage of a number of progressive laws. Yet more attention must be paid to this area. Sixty percent of the workers said they needed better garbage disposal service and 50 percent needed better sewage disposal. The state should maintain efforts to upgrade living conditions.

The state should turn its attention to sanitary facilities in the workplace. Few growers provide clean potable water for drinking, or sanitary facilities in the fields. Contamination of fresh fruits and vegetables must not occur. Field workers require the same level of health standards that workers in canneries enjoy.

Involve Migrants in Health Planning Process

Migrants should be involved in health planning in order to have their health needs properly represented.

Most public hearings for health planning in local areas take place in late winter or early spring, when migrant groups are usually not present in the state.

Ideally, the migrant group should be represented on local planning boards, when their numbers warrant. Next, a subcommittee from the Health Systems Agency or local planning board should schedule a special meeting in the summer, allowing migrants an opportunity to represent their own needs. When this is not feasible, and there are no local individuals present to represent their concerns, some community groups such as UMOS or La Raza Unida should act as advocates to present migrants' needs before local boards and committees. This is especially true when mental health services are being planned.

On the state level, a migrant representative should be appointed to the Health Policy Council, which is the committee that is advisory to the Governor and the Department of Health and Social Services.

The state should specifically address migrants' needs in the State Health Plan which is issued annually.

Chapter I

Introduction to the Migrant Health Survey

History of the Survey

Impetus for a study of health needs of migrant workers began in 1975, with the development of a committee of Hispanic citizens, "El Comite Cuidadano por la Salud y el Bienestar," to investigate the health care needs and services available to Hispanics in Dane County and the surrounding area. A survey of year-round Hispanic residents was completed, culminating in 1977 with a report, Health Care Needs of a Hispanic Population in Dane, Dodge, and Jefferson Counties. Still, beyond information obtained in a study of migrant vocational education (Fernandez, 1977) there were no data on the health care needs of migrant workers.

In the spring of 1978, United Migrant Opportunity Services, Inc. supplied the Department of Rural Sociology with funding for a survey of migrants. Additional support was supplied by the University of Wisconsin Extension, the Agricultural Experiment Station of the College of Agricultural and Life Sciences, the Graduate School Research Committee and the Institute for Research on Poverty at University of Wisconsin-Madison. The publication and distribution of the migrant report was financed by the Wisconsin Division of Health.

Purpose of the Survey

The study has six specific objectives:

1) to estimate the number of migrant workers and their family members, and their geographic distribution across the state;

2) to provide basic demographic information about the migrant group, including age, sex, educational attainment, work status and language proficiency;

3) to determine health care utilization patterns for the workers in Wisconsin, including dental, medical, and preventive care;

4) to determine perceived health status, symptoms, chronic conditions, and use of alcohol;

5) to obtain childbearing histories and information about family planning knowledge and use among women and to obtain ages, health problems, education, and use of Wisconsin's special summer educational programs for children;

6) to make recommendations for migrant health services in Wisconsin, based on the identification of unmet health care needs.

A Short History of Migrant Workers and Their Health Care in Wisconsin

Although there has been some improvement in the last several years, the provision of health services to Wisconsin's migrant agricultural workers has been far from adequate in the approximately seventy years of their employment in the state's fields and canneries. This chapter will trace a short history of migrant workers in Wisconsin and the health services provided to them.

The use of migrant labor in Wisconsin agriculture began in the early 1900s. These workers, predominately of European extraction, were employed to cultivate and harvest sugar beets and various vegetable products. By the late 1920s and early 1930s these workers were replaced by Spanish-speaking laborers recruited from the Southwest by sugar beet company representatives. Whatever health services were provided for these people were not methodically recorded. According to the 1977 Governor's Committee Report on Migrant Labor in Wisconsin (Flores and Hannigan, 1977), "For the state of Wisconsin, little (historical) data as to migrant health and health care have been collected." It is probable that provision of health care during this period was limited to emergencies.

During World War II, when farm labor was in critically short supply, prisoners of war from Germany and Italy were used to meet Wisconsin's requirements. Workers were also imported from Jamaica, the Bahamas, British Honduras, and Mexico. The first comprehensive medical plans, which included on-the-job workman's compensation and off-the-job health care insurance were established during this period. These benefits, however, were only available to foreign migrants as part of the labor provision agreements signed with their home governments. All foreign workers entering the state were also checked for contagious or infectious diseases and afflictions which might hamper their work ability and were innoculated against typhoid and smallpox.

Since the end of World War II, 85 to 90 percent of migrant workers in Wisconsin have been of Mexican heritage, the majority being domestic migrants from southern Texas. The remainder have come from the southeastern United

States; a small number of American Indians from northern Wisconsin also were employed from time to time. From 1957 to 1964 the Bracero program allowed for the legal importation of Mexican workers, provided that there was a shortage of domestic workers. Since the end of the Bracero program, the number of foreign migrant workers in the state has been quite small.

Compared to the medical services provided to foreign migrants, those available to domestic migrants were minimal. Local doctors sometimes volunteered routine services and local hospitals handled emergencies.

More thorough regulation of migrant health conditions came in the post-World War II period. The first step toward improving health conditions was to require an upgrading of sanitary conditions in the migrant camps. In 1949, Wisconsin State Board of Health regulations in effect since 1933 were revised and strengthened. In 1951, the Board was given the authority to inspect, register, and certify migrant camps for compliance with its minimum health standards, and in 1957 and 1958 the Board was given the authority to close camps not meeting the minimum standards within a specified span of time.

Poor housing conditions were only part of the health-related problems of migrant workers. Additional health and hygiene problems were the same as those prevalent among other low-income groups: higher incidence of infective and parasitic diseases, diseases of the respiratory and digestive system, malnutrition and high infant mortality, lower life expectancy, and poor or non-existent dental care. Furthermore, their travel and work conditions were conducive to the spread of infections. High mobility also often required that sick persons be removed from hospitals, or that required medical care be discontinued. Because of their work schedules, many could not make medical visits until the late evening or weekends, if at all. Most migrants had little, if any, medical insurance. In addition, there was the language barrier problem, since the primary language of most migrants was Spanish.

During the 1950s the State Board of Health made occasional studies and promoted activities to deal with some of these problems. Because of their complexity, however, the results were meager and largely confined to volunteer efforts.

Beginning in the 1950s migrant labor in Wisconsin has been gradually displaced by agricultural machinery and the use of chemical products, such as herbicides. The peak year of use of migrant workers was 1955, when close to 20,000 workers and dependents were in Wisconsin (Slesinger and Muirragui, 1979). By 1978, this number was only about 6,500, one-third of the peak. The largest percentage of migrants worked picking cucumbers. Other major crops which used migrants were green beans, corn lettuce, and peas. In the last two decades the absolute numbers employed in all crops have continually decreased. It also appears that since 1975, the proportion of workers in processing has declined slightly in relation to those working in the fields. For about a decade before, the proportion of field to cannery workers fluctuated around 50 percent (Slesinger and Muirragui, 1979).

Paradoxically, the beginning of larger, more organized, non-volunteer efforts to ameliorate migrant health conditions in Wisconsin has come in recent years, after the peak migrant period.

The impetus behind these new efforts was the passage of the National Migrant Health Act by the United States Congress in 1962. This act allocated funds to state and local health departments for the provision of examinations, immunizations, obstetric services, and the treatment of ordinary ailments of migrant workers and their families. Migrant workers in Wisconsin benefitted from the bill's allowances. In 1964, for example, a medical program initially started as a volunteer effort at Our Lady of Guadeloupe Mission at Endeavor applied for and received federal funds from the United States Public Health Service. These monies were used for the expansion of a migrant clinic and for the establishment of a dental health program for children.

A continuing problem in migrant health was that of meeting the cost of occasional hospitalization. Except for some canners, employers could not be persuaded to provide hospital insurance for their migrant workers, despite a Wisconsin Physicians' Service plan designed exclusively for them. Growers did not feel it was worthwhile to purchase hospitalization insurance for employees with such short work commitments. Furthermore, with the increase in growth of legislation to protect migrant workers, there was a tendency to either replace them with local workers or eliminate their use altogether.

Meanwhile, since hospitalization was not covered by federal grants, some groups such as the Kiwanis, the Lions, and the American Legion contributed towards unpaid migrant hospital bills. The hospitalization problem was not systematically addressed until 1965, after the extension of the Migrant Health Act, and funds were not actually made available until 1967 (U.S. Congress, 1969). In addition to hospitalization, the revised Migrant Health Act expanded the scope of services available to include family health service clinics, child supervision, health education, and dental care.

With this extension, migrant agricultural workers coming to Wisconsin were able to benefit from more services. By 1967, five formal migrant health projects were in operation. Three of them, the clinic at Endeavor, a Beaver

Dam project operated by St. Joseph's Hospital, and another in Wautoma run by the Waushara County Committee for Economic Opportunity, were supported by government funds. The other two were locally financed, volunteer programs at Sturgeon Bay and Oconto.

In 1972, the three separate government-supported projects merged into a non-profit corporation called La Clinica de los Campesinos, Inc. La Clinica attempts to operate with a partially bilingual health staff and with hours convenient to migrant workers and their families. Its main services include direct medical and dental care, local and interstate medical referral, and assistance in areas of high migrant concentration. Further extensions of the Migrant Health Act have provided funds necessary for the continuation and extension of La Clinica projects. Migrant health funding in Wisconsin increased from $7,390 in 1964 to $300,000 in 1976 (Flores and Hannigan, 1977).

La Clinica is now the main unit providing health care to migrant workers throughout Wisconsin. La Clinica operates a year-round medical clinic in Wild Rose which provides health services and mental health counseling, as well as hospitalization services at a nearby hospital. In addition, they operate a seasonal medical clinic in Fox Lake, and purchase services for migrants from physicians in Oconto, Jefferson, and Ozaukee counties. A variety of organizations cooperate with La Clinica to provide additional health services to migrants. Public health nurses are hired with state funds in a few counties to work in the migrant camps; UMOS, La Raza Unida, and La Comunidad de Amigos provide transportation and some payments of medical costs; and there is a childhood immunization and screening program allied with the migrant summer education program.

Summary

- Migrant workers have been employed in Wisconsin agriculture since the turn of the century.
- There has been no comprehensive study of health care utilization and needs of migrants in Wisconsin.
- Little health care was provided for migrant workers until passage of the National Migrant Health Act in 1962.
- La Clinica de los Campesinos, Inc., established in 1972, is specifically designated to provide health care to migrants.

Chapter II

Methodology

The study of health needs of migrant workers consisted of two components. The first was a survey of a sample of migrant workers, using a standard household interview form similar to the National Health Interview Survey. The second component was an in-depth study of a dozen Hispanic migrant workers and their families by an anthropologist.

Advisory Committee

An Advisory Committee, formed in June, 1978, was involved in all phases of the study, including development of the interview schedule. Members of the Advisory Committee were:

Ms. Elia Basurto, Wisconsin Bureau of Health Statistics
Dr. John Beasley, Family Practice Clinic, Madison
Mr. Ricardo Enriquez and Arnulfo Chapa, La Raza Unida, Jefferson
Ms. Pat Navar, United Migrant Opportunity Services, Inc., Milwaukee
Mr. Pancho Oyarbide, Dane County Mental Health Center, Madison
Prof. Marta Tienda, Dept. of Rural Sociology, UW-Madison
Mr. Gil Walter, Director, La Clinica de los Campesinos, Inc., Wild Rose
Mr. Alan Dale, Job Service, Wisconsin Dept. of Industry, Labor and Human Relations.

Anthropological Component

The anthropological component of the study was designed primarily to assist in the interpretation of the standardized instrument used with the larger sample of migrant workers. The anthropologist investigated cultural conceptions of health and illness, behavioral actions during episodes of illness, and medical utilization patterns of migrant workers. In addition to conducting interviews in Wisconsin, he visited the same families in their home communities along the Rio Grande River in Texas. His work has been used to illustrate some sections of this report. Additional material will be included in later publications.

Preparatory Work

Mr. Alvin H. Randall, Executive Director of the Wisconsin Canners and Freezers Association was contacted about publicizing the planned study. He published a short description of the survey and a request to support the endeavor in the WCFA Bulletin of July 7, 1978. Thus, all freezers and canners were apprised of the survey

Letters describing the survey and the sampling procedure were sent to every grower and canner about a week before a field supervisor for the study contacted the employer. Similar letters were also sent to University of Wisconsin-Extension District Directors and Extension agents in each county where employers were going to be contacted. News items about the survey were released to the local press, and an interview with the Project Director was held on WHA radio.

Interview Schedule

An interview schedule was developed which would specifically address the needs of migrants. For comparability, many of the questions and topics covered in the study of health needs of the year-round Hispanic population were included in the migrant study. In addition, questions regarding health utilization patterns in their "home" state, living arrangements, environmental conditions, and income from various jobs and/or from public assistance were also included.

The interview was translated to Spanish and carefully checked by Hispanics of Mexican heritage so that all of the questions would be understandable and meaningful to migrant workers.

On average, the interviews took 58 minutes. This varied widely, however, with some completed in less than 30 minutes, and others taking more than two hours. The language in which the interview was conducted was decided by each worker; 74 percent were in Spanish, 17 percent in English, five percent in both Spanish and English, two percent in French, and two percent were not recorded.

A copy of the interview can be found in Appendix A.

Interviewers

Thirteen part-time interviewers were hired in June, 1978, all of whom were completely bilingual in English and Spanish. Five were of Mexican-American background, five had previous experience with migrant workers, one was a teacher in a bilingual educational program, one was a doctoral student in Spanish, and one a former Peace Corps volunteer in Peru. Toward the end of the summer three Latin American students replaced the students returning to school. Interviewers spent three intensive days learning about the survey, the interview schedule, and special interviewing techniques. Each conducted one or two pre-test interviews, which were carefully reviewed with them by the research staff.

Sampling Procedure

Before the season began, estimates of the total number of migrants expected to work in Wisconsin varied from 6,000 to 9,000. With this in mind, the following sampling frame was designed in consultation with Professor Charles Palit of the Survey Research Laboratory at the University of Wisconsin-Extension.

A 10 percent stratified random sample of all migrant agricultural workers age 16 or older was planned. Camps were used as strata. The project director decided to go to every employer of migrant workers and sample one out of ten workers, rather than working with a sample of employers and obtaining a greater number of names from each. This was decided on the basis that little was known as to whether workers housing conditions, and other factors vary by type, location, or size of camp.

Employer names were obtained from lists maintained by Job Service, Department of Industry, Labor & Human Relations, the official state agency which, theoretically, has a complete registry. In addition, the area supervisors of Job Service were contacted. These persons knew their specific areas very well, and were able to provide additional local information, especially about farms that employed very small numbers of migrant workers.

The research staff provided the field supervisors with the names, addresses and telephone numbers of every known migrant employer in specified areas. The supervisors would contact the employers and obtain lists of migrant workers. From this list, beginning with a random number start, every tenth name was selected. This sampled person was then assigned to an interviewer. In cases where an employer had less than 10 migrant workers, special listing sheets were provided containing 10 lines and a pre-selected random number, so that as the names of workers were listed, the supervisor would know which person was to be sampled.

Up to five attempts were made by interviewers to find the person selected. Occasionally the sampled worker would be ineligible for the survey (e.g., if the worker was under 16 years old, or if the person was a Wisconsin seasonal worker and not a migrant). In that case, they would be replaced by another randomly selected worker. Twenty workers were replaced in this manner.

It was the intention of the staff to contact employers when each was employing their peak number of workers. This, of course, was not always possible.

It is believed that only a small portion of the migrant work force moves around the state to two or more locations in a season. Only twice did the interviewers encounter workers in the sample who had been previously interviewed elsewhere in Wisconsin. When two employers had an arrangement, such as the nurseries in Jefferson County sending their workers to a cannery in Dodge County later in the season, the research staff had no problems identifying workers who had worked previously at another camp. We are therefore fairly confident that we have kept double counting of workers to a minimum.

All field interviewing ceased on September 30, 1978 due to funding problems. Therefore, we were unable to interview migrants working in the Christmas tree harvest. However, every known employer of migrants was contacted by telephone to find out the size of the work force.

Special Sub-Sample of Women

In order to obtain sufficient information about women and children, a special sampling procedure was used. Every married woman (or a woman living in a married state, "juntado") under 50 years old in the household of the sampled worker was interviewed by a female interviewer. This special supplement was designed to obtain information about pregnancy and childbearing, the health and needs of the children, and family planning information and use. When the worker who fell into the 10 percent sample was also eligible for the supplement, she was asked the additional questions. When the household contained an appropriate woman or women, each one was then interviewed separately. The total number of women interviewed in the sub-sample was 145.

Final Sample Size

In total, 408 workers were selected, representing about 4,080 migrant workers in Wisconsin in the 1978 season. Of those selected, 262 were interviewed, for a response rate of 64 percent. Eight of the remainder refused to be interviewed, and 138 left the camp between the time their names were selected and the time of the interview. Most of those missed worked in the cucumber harvest at the end of the summer. The research staff was unaware that within a few days most of the workers with children planned to return to Texas so their children could attend school, even though the harvest had not been completed. In Waushara County alone, we missed 50 percent of the workers sampled.

Although 146 workers who should have been interviewed were not, we did know their names, sex, location and type of employment. On the basis of this information, each interview in each county was weighted by a factor which inflated the number of completed interviews to the number of workers sampled. The weighting factor was determined as follows:

$$\text{Weighting factor for each county} = \frac{\text{Number of workers sampled in county}}{\text{Number of workers interviewed in county}}$$

The weighting factor was 1.0 in 11 counties, between 1.0 and 1.9 in 11 counties, and 2.0 or greater in the remainder.

Workers were located in 31 counties in the 1978 season, but the 262 workers who were interviewed lived in 27 counties. Thirteen workers had been sampled in three additional counties--Adams, Jackson and Waupaca--but because no interviews were obtained, there were no respondents to weight in these counties. After consultation with the Bureau of Migrant and Rural Services as to the crop on which the migrants were working and their family structures, it was decided to use the Waushara County respondents to represent workers in these three counties. Thus, interviews were obtained from 262 workers in 27 counties, and the final weighted sample represents 408 workers in 30 counties. There were also migrants employed in Vilas County during 1978, but they had first been employed in Jefferson County, where they were sampled and interviewed.

All data presented for migrant workers in this report are based on the weighted figures. All data presented for women and children are based on sampled cases only. The latter group is not a random sample.

Statistical Reliability

Data to be presented in this report are either percentage distributions or means. In order to assess the likelihood that comparisons of percentage distributions of two subgroups are statistically significant, the reader is referred to Appendix B, which contains a table of Sampling Errors of Differences. This table shows the magnitude of the percentage difference between two subgroups which is necessary to indicate that the difference is not due merely to chance or sampling error. In other words, if the percentage difference between subgroups is larger than that in the table, the chances are

9 out of 10 that the difference is statistically significant.

When mean values of subgroups are compared, statistical significance will be determined by the difference of means test.

Survey Data Used for Comparisons

The following surveys of health care have been used for comparisons with the migrant data. The title on the left corresponds to the titles used in the tables of this report, and the complete survey title and authors appear on the right.

Dane County Residents	Judith L. Ladinsky and H.W. Gruchow, Dane County Health Survey, 1973 (excludes the City of Madison)
Hispanic Residents	Doris P. Slesinger, Donald Johnson, and P. Oyarbide, Health Care Needs of a Hispanic Population in Dane Dodge, and Jefferson Counties, 1977
Wisconsin Residents	Southeastern Wisconsin Health Systems Agency, 1977 Wisconsin Health Status Survey, 1978

Summary

- A survey of a ten percent random sample of migrant workers was conducted by bilingual interviewers in the months of July through September, 1978.
- A sample of 408 names was obtained from employers throughout the state, and 262 interviews were conducted, resulting in a response rate of 64 percent. The vast majority of non-respondents were workers who returned to Texas at the end of August.
- Completed interviews were weighted to represent the estimated number of workers for each county. Weighted data are presented for the workers in this report.
- Additional maternal and child health information was obtained from a sub-sample of all married women in the sample workers' households.

Chapter III

Characteristics of Migrant Workers

This chapter will describe the demographic, social and economic characteristics of the migrant agricultural workers who were interviewed during 1973. The interview data are weighted, as previously described, to yield 403 randomly sampled workers who represent all the out-of-state migrant workers who came to Wisconsin in 1973. Specific questions from the interview schedule (Appendix A) are referred to by number in this and subsequent chapters (e.g., Q1).

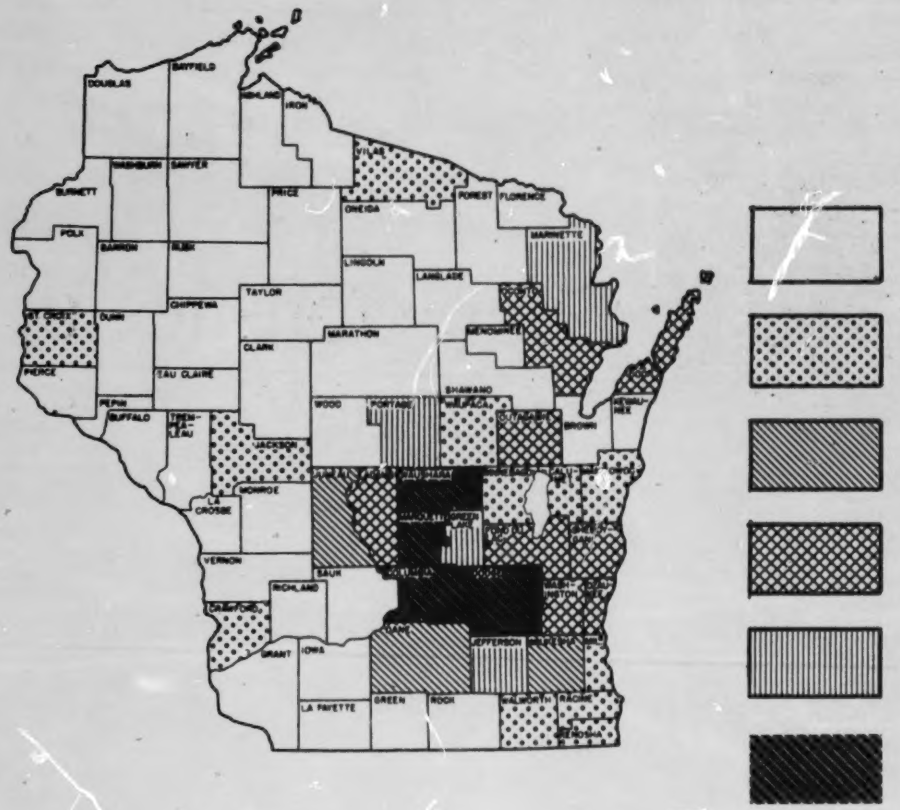
Estimated Migrant Population in Wisconsin

Table 1 lists the estimated migrant population, by county, for workers and non-workers. The total migrant population by county is illustrated in Figure 1. Thirty-one of the 72 Wisconsin counties have agricultural needs that require seasonal migrant labor. These counties are located primarily in the eastern half of the state. The major concentration of workers is located in counties with canneries and with growers who harvest cucumbers for pickles.

Age and Sex

In 1973, 60 percent of the migrant workers were male and 40 percent were female. The male workers were somewhat older, on the average, than female

Figure 1. Estimated Migrant Population in Wisconsin by County, 1978



workers. This is reflected in the age distribution (see Table 2), where 14 percent of the males and 23 percent of the females were under 20 years of age; and 22 percent of the males and 14 percent of the females were 50 or older. All workers aged 65 or older were males.

About one-fourth of the workers came as singles; that is, they had no family or relatives living in the same housing unit. Three out of four of the single workers were males. The singles were quite a bit older on the average than the family workers.

Marital Status and Household Composition

Sixty-two percent of the workers were married, 32 percent were never married, five percent separated or divorced, and two percent widowed. Of those who reported being single, over three-fourths were under the age of 25.

The households of migrant workers in Wisconsin were composed of husband-wife units, many also with children; units including other relatives

Table 1. Migrant Population in Agricultural Work in Wisconsin, 1978

County	Workers	Nonworkers	Total
Adams	110	90	200
Calumet	20	0	20
Columbia	290	230	520
Crawford	20	0	20
Dane	50	30	80
Dodge	420	120	540
Door	70	90	160
Fond du Lac	160	0	160
Green Lake	310	10	320
Jackson	10	0	10
Jefferson	180	90	270
Juneau	60	10	70
Kenosha	10	30	40
Manitowoc	20	0	20
Marinette	120	130	250
Marquette	290	240	530
Milwaukee	10	0	10
Oconto	140	60	200
Outagamie	100	80	180
Ozaukee	100	70	170
Portage	180	250	430
Racine	30	10	40
St. Croix	50	0	50
Sheboygan	120	30	150
Vilas		(sampled elsewhere)	
Walworth	10	10	20
Washington	100	10	110
Waukesha	40	20	60
Waupaca	10	10	20
Waushara	1,010	860	1,870
Winnebago	40	10	50
Total	4,080	2,490	6,570

Table 2. Age by Sex of Migrant Worker

Age	Male	Female	Total
16-19	14.3%	27.8%	19.7%
20-29	27.2	20.0	24.3
30-39	17.7	16.0	17.0
40-49	18.6	22.6	20.2
50-64	18.6	13.6	16.6
65-67	3.6	0	2.2
Total (%)	100.0%	100.0%	100.0%
(N)	245	163	408
(Unweighted N)	165	97	262

such as siblings, parents, children, grandchildren, and cousins; and respondents living with unrelated workers in dormitories, or alone. The number of generations of one family living together in a household ranged from one to three. The majority were two generation households, as would be expected. Eight percent of the workers lived in three-generation households. Fifty-five percent of the households included children under the age of 18. Nearly half of these children were in school during the summer, and one-fourth were working at least part-time.

Education

Education is linked very strongly to age. The older the migrant worker, the more likely it is that he or she did not receive much formal schooling. Not one worker aged 45 or older had completed the eighth grade.

Table 3 shows that 29 percent of all migrant workers had completed fewer than five years of school, the conventional definition of functional illiteracy. This is higher for males (34 percent) than females (22 percent), reflecting, in part, the lower mean age of the female workers, and the fact that many of the older males were born and raised in Mexico, where educational opportunities were lacking.

Over 70 percent of all workers had completed eight or fewer years of school. For comparison, 30 percent of the non-migrant farm laborers in Wisconsin had completed eight or fewer years of school (U.S. Bureau of Census, 1973). Restricting the sample of migrant workers to those 25 or older, only eight percent of the males and four percent of the females had completed high school. This, again, compares unfavorably with the Wisconsin non-migrant farm laborers, where 37 percent of the males and 46 percent of the females had completed high school.

Table 3. Educational Attainment by Sex of Worker (Q59)

Years of School Completed	Male	Female	Total
None	9.1%	4.1%	7.1%
1-4	24.4	18.3	21.9
5-8	37.4	49.4	42.2
9-11	17.6	20.3	18.7
12 or more	11.5	7.9	10.1
Total (%)	100.0%	100.0%	100.0%
(N)	238	162	400
(Unweighted N)	161	96	257

The educational outlook appears to be brighter for the younger workers, however. Even though some of the workers under age 25 were not old enough to have completed high school, 20 percent of those workers had at least a high school diploma and very few had not completed fourth grade.

Language and Literacy

The workers were asked what language they speak most often (primary language) and whether they also speak another language (secondary language) (Q61,62). The primary languages of the workers were Spanish (86 percent) and English (7 percent), with the remainder speaking both Spanish and English, French, Tagalog or Locaho (Filipino dialects), or Creole.

Fifty-six percent of the workers also reported a secondary language. Eighty-two percent spoke English, five percent Spanish, three percent other languages, and 10 percent did not name their second language. Most of those who named English as the secondary language spoke Spanish as the primary language.

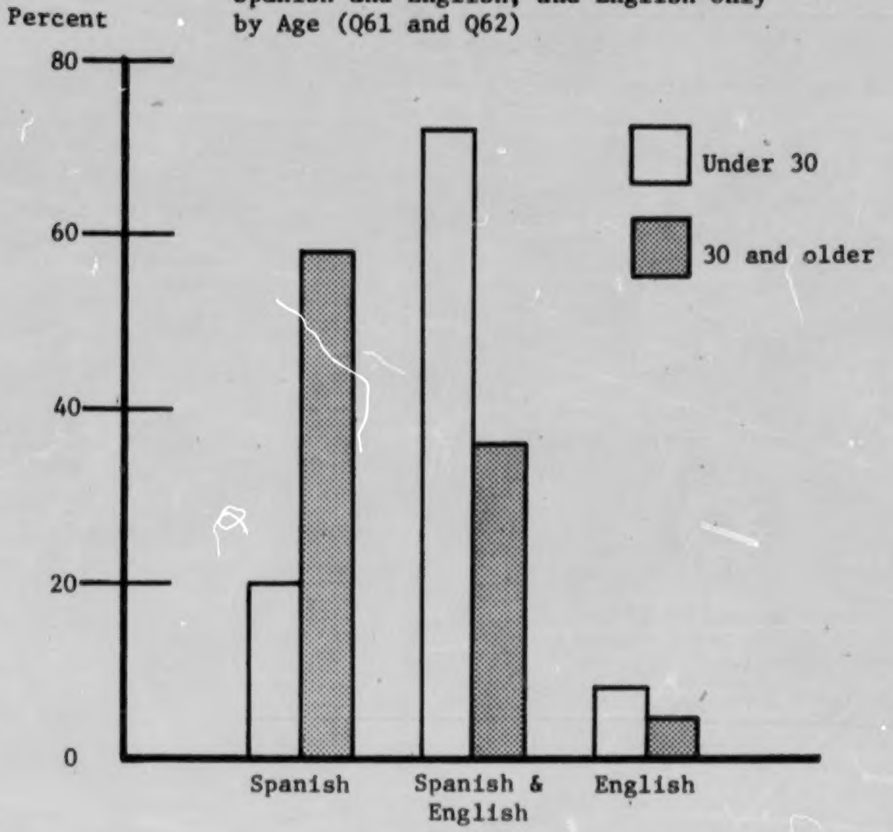
Seventeen percent of the workers were unable to write in their primary language; 20 percent were unable to write in their secondary language; and nine percent could not write in either language. In total, 88 percent of the workers spoke Spanish. Of those, 80 percent could write in Spanish. English was spoken by 53 percent of the respondents. Again, 80 percent of this group could also write the language. Thus, about 43 percent of all workers could write some English. As would be expected from the lower educational level of the males, they are somewhat less likely to be able to write in their language than the females.

As shown in Figure 2, the majority of workers under age 30 speak Spanish and English, while the majority who are 30 or older speak only Spanish. Educational attainment also correlates strongly with language use. Of the workers who had completed fewer than five years of school, 76 percent spoke only Spanish, while only 28 percent of those with more education were monolingual in Spanish.

Ethnicity and Religion

Ninety-one percent of the workers said their ethnic heritage was Mexican (Q63). Another three percent were Anglo-American, two percent were Black, and the remaining four percent were Filipino, Haitian, Jamaican or Spanish. (It should be noted that ethnic heritage is a self-identification, not to be confused with birthplace.) Forty-seven percent of all workers were born in

Figure 2. Proportion Able to Speak Spanish Only, Spanish and English, and English Only by Age (Q61 and Q62)



Mexico; 40 percent in Texas; six percent in states other than Texas; and four percent in Haiti, Jamaica, or the Philippines. Three percent did not name their birthplace (Q58).

The religious preference of approximately four out of five workers was Catholic, followed by eight percent Protestant, and eight percent other religious groups. Four percent had no religious preference.

Home State

Four out of five workers reported their home state, or place where they usually live when not doing migrant work, to be Texas (Q42). About 10 percent mentioned other states--especially Florida--and five percent lived in Mexico. The remaining five percent of the workers did not name a home state, or said that they had none because they were always doing migrant work.

The workers were asked a series of questions about life in their home state (Q51-54). Fifty-eight percent of the workers live in a home that they or an immediate family member owns. Another 36 percent rent their homes while the remainder live with relatives or in company housing. Fifty-four percent of the workers were employed in their home states. Of these, 27 percent did farm work, three percent cannery work, 43 percent worked as unskilled labor, 16 percent as skilled labor, and 11 percent in service, clerical, or other work. Many more men were employed in their home states than women. The proportion employed also increased with age.

Employment

Years employed in migrant work

The workers were asked how long they had worked as migrant farm laborers (Q49). Those who replied, "All my life" were estimated to have worked since the age of 15, but many started working much earlier. The range of years working as a migrant varied from one to 49 years, with the average being 10.3 years. The number of years as a migrant worker, understandably, has a high correlation with the age of the worker. Of those who had worked more than 20 years, 76 percent were over 40 years old. In general, males had worked longer as migrant laborers than females, with 40 percent of the males having worked more than 10 years, as opposed to 27 percent of the females.

Approximately one out of four migrants reported that this was the first year they had worked in Wisconsin. The remaining three-fourths had come in previous years, with some having worked in Wisconsin for as many as 31 years. Table 4 shows the number of years the workers have been returning to Wisconsin with the average being 5.6 years. Over 80 percent of the workers or their families who had previously worked in Wisconsin had returned to the same employers or to the same farms.

Table 4. Number of Years Worked in Wisconsin (Q45)

Number of Years	Percent
One (1978 only)	24.1
Two to four	29.2
Five to nine	22.9
Ten to nineteen	14.7
Twenty or more	8.2
No answer	0.9
Total (%)	100.0%
(N)	408

Current employment in Wisconsin

Eighty-eight percent of the migrants were working full-time at the time of the interview, six percent were working part-time, two percent worked only occasionally, and four percent did not specify the amount of time spent working. These proportions were similar for all age groups except for those under 20 and those 65 or over, who were more often part-time workers.

Field and cannery work

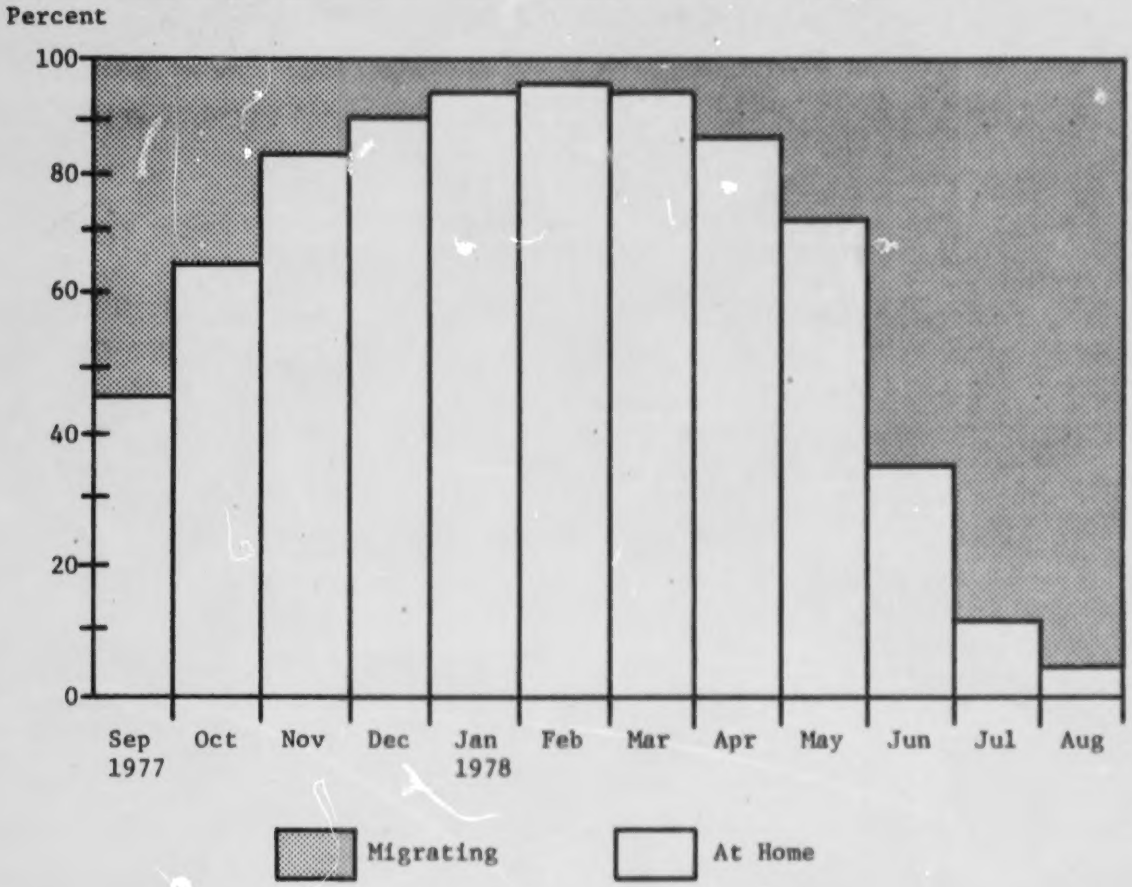
The distinction between field and cannery work is very important in the description of migrant work. Field work involves mostly crop harvesting with some planting, cultivating, and weeding. Depending on the availability of work, which is partially controlled by weather conditions and seasonal crop variation, the migrant worker's income can fluctuate widely. Often, entire families do field work, trying to maximize their incomes. Cannery work is more consistent in its availability, and thus the cannery worker's income is more stable than the field worker's. The cannery worker is often paid a better wage and sometimes has job benefits, such as health insurance. Many adults migrate alone, leaving their spouses and families at home, to do cannery work for several months at a time.

Forty-seven percent of the workers were engaged in field work at the time of the interview; 41 percent were working in canneries and food processing plants; eight percent were doing both field and cannery work; and the remaining four percent were employed as warehouse packers, truck drivers, cooks for other workers, or in other farm-related jobs. These proportions, however, are very different for workers who came to Wisconsin without their families ("single" workers). Sixty-five percent of the single workers were employed in canneries, in contrast to only 32 percent of the workers who came with their families. Fifty-five percent of the family workers were employed in the fields compared to only 27 percent of the singles. The age distribution was similar for field and cannery workers, except for those under 20, who were more often engaged in field work, and those over 50, who more often did cannery work.

Length of seasonal employment

Figure 3 displays the proportion of migrants who resided in their home state each month, from September 1977 through August 1978. Migrants tended to be at home during the winter months, and travelled during the rest of the

Figure 3. Proportion of Migrants Living in Home State by Month



year. The average worker spend 7.8 months at home, and 4.2 months migrating. Most of the migrants worked in Wisconsin during July, August, and September, although some arrived as early as March or left as late as December.

The amount of time that workers spent in Wisconsin varied considerably. About 50 percent stayed for three or fewer months; 40 percent for four to six months; and 10 percent for seven to 12 months. The average stay in 1977-1978 was 3.7 months.

Most workers came in groups of 10 or less, although some travelled with as many as 90 other people. Over 60 percent travelled with only their immediate family and relatives.

Income

Family income

The average 1977 family income for migrant workers responding to the family income question was $5,971 (see Table 5). On the average, the size of

Table 5. 1977 Family Income of Migrant Workers and Their Families (Q85)

Family Income	Percent
Less than $1,000	3.0%
$1,000-$1,999	5.7
$2,000-$2,999	7.6
$3,000-$3,999	13.9
$4,000-$4,999	14.6
$5,000-$5,999	11.4
$6,000-$6,999	11.9
$7,000-$7,999	12.7
$8,000-$8,999	8.5
$9,000-$9,999	4.2
$10,000-$14,999	3.4
$15,000 or more	3.1
Total (%)	100.0%
(N)	366
(Unweighted N)	234

the family dependent on this income was 5.4 members, with 2.7 workers per family.

According to the U.S. Bureau of the Census (1979), the poverty level for a family with a male head and the same average family size was $6,156 in 1975. Therefore, the average Wisconsin migrant family earned $185 less than what was considered a subsistence-level income. The migrant's economic condition is also understated due to the many additional costs the migrant family faces, such as travel costs, lack of job security, and limited access to social and community services.

In 28 percent of the migrant families, one person earned the total 1977 family income. There were two contributors to family income in 27 percent of the families, and three to nine contributors in 45 percent of the families.

On average, 72 percent of the total 1977 family income was earned through migrant work. The majority of families depended on migrant labor earnings for between 80 and 100 percent of their income.

Sources of income

Each worker was asked the specific sources from which total family income was derived. This information appears in Table 6. Thirty-five percent reported their source of income to be wages only; 28 percent, wages plus federal transfer payments, such as social security, veteran's benefits,

Table 6. Sources of Family Income by Type of Employment (Q84)

Source	Field	Cannery	Total
Wages only	41.6%	28.2%	35.3%
Wages & federal transfer payments	20.7	33.8	28.4
Wages & borrowed money	14.5	11.9	12.7
Wages & transfer payments & borrowed money	10.6	8.1	8.7
Wages & public aid (welfare)	4.9	1.5	2.9
Other combinations	7.7	14.3	10.7
No answer	0.0	2.2	1.3
Total (%)	100.0%	100.0%	100.0%
(N)	193	168	408
(Unweighted N)	109	128	262

unemployment compensation, workmen's compensation or disability payments; 13 percent, wages plus loans from friends, relatives, banks or loan agencies; nine percent, wages, federal transfer payments, and loans; three percent, wages plus public assistance; and 11 percent indicated other combinations, while one percent did not respond to the question.

Public assistance

Including food and nutrition programs with public assistance programs, approximately 65 percent of the workers or their families received some form of public assistance. Table 7 displays the distribution of types of assistance, and the state from which aid was received. The largest proportion of respondents received food stamps, with 56 percent of migrant families being recipients. Two-thirds of this aid was received in Wisconsin. The second major form of public assistance was Unemployment Compensation, received by 29 percent of the workers, mainly while living in Texas. Participation in the Women, Infant and Children's nutrition program (WIC) was reported by 22 percent of the families, with Wisconsin being the main source of this aid. This is a sizable proportion of the eligible families considering that the WIC program is offered only to pregnant or lactating women and children under 5, and that only 33 percent of the workers reported having prechool children in their families. It is apparent that Wisconsin in general provides a large proportion of the aid received by migrant families, since much of the

Table 7. Public Assistance Received by Migrant Families (Q83)

	Proportion Receiving Aid				
Type of Aid	In Wisconsin	In Texas	In Texas & Wisconsin	In Other States	Total (N=408)
Food stamps	65.1%	8.3%	7.4%	15.7%	56.1%
Unemployment compensation	9.6	81.7	1.7	3.5	28.1
WIC	57.9	0.0	21.6	14.8	21.6
AFC/AFDC	70.8	12.5	4.2	12.5	5.9
Other	42.1	21.0	5.3	15.8	4.7

Unemployment Compensation received in Texas is paid for by contributions from employers in Wisconsin, and other receiving states.

A concise description of the demographic characteristics of the migrants is available in "Migrant Agricultural Workers in Wisconsin", 1973 (Slesinger, 1979).

Summary

- An estimated 4,030 workers and 2,490 dependents lived in Wisconsin for the 1978 agricultural season. They were located primarily in the eastern portion of the state, with major concentrations in Waushara, Dodge, Columbia and Marquette Counties.
- Six out of ten migrant workers were male.
- Three out of four workers came with their families; one out of four came alone.
- Over 70 percent of the migrants had completed eight or fewer years of schooling. Only ten percent were high school graduates.
- Forty percent of the workers spoke only Spanish; 53 percent could speak English.
- Nine out of ten workers said their ethnic heritage was Mexican; the other ethnic groups reported were Black and Anglo-American, Filipino, Haitian, Jamaican, or Spanish.
- Eighty percent of the workers claimed Texas as their home state.
- Forty-seven percent of the migrants were doing field work and 41 percent were working in canneries at the time of the interview.
- The average 1977 family income for migrant workers was $5,971, which is below the 1976 poverty level for farm families.

Chapter IV

Health Status and Medical Utilization Patterns

This chapter examines the health problems and medical utilization patterns of migrant workers in Wisconsin. In addition, it describes certain medical problems that migrants regard as being particularly troublesome. Since health includes environmental sanitation as well as preventive health practices and medical care, the last portion of the chapter is devoted to a discussion of housing and sanitary conditions in the Wisconsin migrant camps.

Perceptions of Health Status

Workers in the sample were asked to provide a general self-evaluation of their health status by answering the following question: "In general, would you say that your health is excellent, good, fair, or poor?" (Q1). Relatively few migrants perceived their health status to be excellent. Over 75 percent of the responses clustered around the more neutral categories of "good" and "fair." Table 8 compares migrants' perceived health status with data from Hispanic residents in Dane, Dodge and Jefferson Counties, and rural residents in Dane County. Members of the migrant and Hispanic resident populations reported lower self-evaluations of their health status compared with persons in the Dane County survey. Perceived health status in a national survey conducted in 1977 was similar to that of the Dane County residents (Corder, 1979).

Table 8. Perceived Health of Migrant Workers Compared with Other Populations (Q1)

Perceived Health	Index Score	Migrant Survey	Hispanic Residents	Dane County Residents
Excellent	4	17.9%	21.8%	49.3%
Good	3	46.7	47.3	39.5
Fair	2	32.7	25.6	9.4
Poor	1	2.7	5.3	1.8
Total (%)		100.0%	100.0%	100.0%
(N)		407	133	552
(Unweighted N)		261	-	-
Mean Index Score		2.80	2.86	3.36

Self-Evaluation of Health Problems

Respondents were read a list of 24 common medical conditions used in many other health surveys. They were asked if each condition bothered them "very much," "some," or "not at all." The first two response categories are combined, and the ten conditions which rank foremost are shown in Table 9. For purposes of comparison, data from the Hispanic residents and Dane County residents are included in Table 9.

The proportion of migrant workers reporting conditions that bothered them was lower in general than that of either Hispanic residents or the Dane County sample. The types of conditions mentioned, however, were not very different among the three populations. Headaches and eye trouble topped the list, followed by backaches and dental problems. Nervousness was mentioned by 19 percent of the migrant workers. Symptoms of mental distress such as nervousness, irritability, trouble sleeping, and low spirits followed. A larger proportion of year-round Hispanic residents reported these conditions than migrants.

Some of the differences among the three populations can be explained by the sex distribution of the respondents in each study. Forty percent of the migrant worker respondents were women, as opposed to 75 percent in the Hispanic residents survey, and 93 percent in the Dane County survey. In most health studies, women are found to report more health problems than men, especially in the area of mental distress. Because the migrant survey contains a smaller proportion of women, it is not unexpected that the number and type of health conditions differ from the other surveys.

When responses to the list of common medical conditions were

Table 9. Ten Most Frequently Mentioned Conditions Which Bother Workers "Very Much" or "Some" (Q3)

Condition	Migrant Workers (N=408)	Hispanic Residents (N=133)	Dane County Residents (N=552)
Headaches	32.4%	46.6%	35.2%
Eye trouble	31.4	25.5	32.1
Backache	27.8	33.1	30.5
Tooth or gum trouble	25.2	19.6	17.2
Nervousness	18.5	42.1	30.8
Irritability	18.4	32.4	31.2
Trouble sleeping	15.6	26.3	22.1
Coughing	13.7	23.3	14.8
Low spirits	13.5	28.6	24.6
Stomach pains	13.0	18.8	11.1

analyzed by sex of the migrant worker, it was found that women regarded themselves afflicted to a greater degree than men. For instance, 44 percent of the women complained of eye trouble, whereas only 23 percent of the men cited this problem. Twenty-three percent of the women, compared to 11 percent of the men, said that they had trouble sleeping, and 30 percent of the women versus 22 percent of the men complained of dental problems.

In general, many of the conditions that migrants cited as being bothersome result from vexations of everyday life. Coping with conditions of poverty and the economic needs for frequent translocation may be strong factors that account for such high responses in these categories among migrants. The anthropological facet of the study confirmed that migrants regard extensive travel and frequent relocation as a necessary part of their lifestyle, but which is nevertheless difficult, troublesome and tiring. For migrants who work in both the fields and canneries, the long hours spent bending over or standing sometimes may cause back problems. Twenty-eight percent of the workers cited backaches as afflicting them very much or somewhat, and 15 percent said that more serious back problems gave them frequent or occasional trouble (Q12).

For a minority group, proficiency in the language of the majority population is often regarded as an indicator of acculturation. Thus migrant workers were divided into those who spoke only Spanish (N=165) and those who spoke Spanish and English (N=208). It was felt that the language proficiency of the workers might be a key to the perceived health problems and responses to illness within this ethnic group.

These two groups comprised 91 percent of the total sample. In the general question regarding health status (see Table 8), 25 percent of the bilingual speakers regarded themselves in excellent health, compared with only nine percent of the monolingual speakers. For the list of ranked problems in Table 9, monolinguals gave themselves poorer self-evaluations than bilinguals for every category, with the exception of "low spirits." For problems such as eye trouble, irritability, stomach pains, nervousness and headaches, the differences between the two language groups were significant.

Chronic Conditions and Illness

One important measure of health status of a population is the proportion of persons having one or more chronic conditions. In a national survey in 1962-63, 45 percent of the population of all ages was estimated to have at least one chronic condition (NCHS, 1964).

The definition of chronic conditions used in this report is similar to that used by the National Center for Health Statistics (NCHS). See Appendix C for details. Basically, it consists of any chronic illness, or any condition that has been occurring for more than three months. Illness information from various parts of the interview was carefully examined for evidence of chronic conditions (Appendix C gives the set of questions in the interview which were scanned).

Using the NCHS definition, 111 migrant workers (27 percent) had 163 chronic conditions among them (see Table 10). The major conditions reported were eye trouble, nerve problems, back or spine trouble, missing fingers or

Table 10. Number of Chronic Conditions Reported by Migrant Workers*

Number of Conditions		Percent
None		72.8
One		18.0
Two		6.4
Three		2.0
Four		0.6
Five		0.2
	Total (%)	100.0
	(N)	408

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*See Appendix C for details on coding.

toes, arthritis, and drinking problems. High blood pressure, diabetes, and respiratory problems followed (see Table 11).

Comparable data on other populations are difficult to locate. Self-report data has numerous problems. For example, persons of low income are less likely to recognize symptoms as evidence of a chronic condition. They are also less likely to have consistent medical attention which would raise the patient's level of awareness of those conditions. In the 1977 Wisconsin Health Survey respondents were asked if they, or anyone in the household, had a health problem that lasted for three months or longer. The proportion of the population with chronic illnesses is not reported, although the specific conditions are noted, and they are not unlike those reported by the migrant workers. In Wisconsin, diseases of the circulatory system are most prevalent, followed by respiratory system diseases, arthritis and rheumatism, and physical impairments (SWHSA, 1978, Vol. 2).

Table 11. Types of Chronic Conditions Reported by Migrant Workers*

Chronic Condition	Number of Conditions
Eye trouble or blindness	34
Problems with nerves, taking medication or under care	22
Back or spine trouble	16
Missing fingers or toes	13
Arthritis or rheumatism	10
Drinking problem	10
High blood pressure	9
Diabetes	8
Respiratory problem	8
Sinus problem	8
Kidney problem, kidney stones	7
Asthma	5
Deafness or serious ear trouble	4
Allergy	2
Heart trouble	2
Permanent stiffness or deformity	2
Genito-urinary problem	1
Hernia	1
Ulcer	1
Total	163

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*See Appendix C for details on coding.

It is hard to evaluate the impact of some of the chronic conditions mentioned on the lives of the migrant workers. It is clear, however, that back trouble, arthritis, and high blood pressure all affect a worker's ability to perform his job.

Medical Utilization Patterns

Type of provider

Workers were asked whether they had been to a doctor or clinic within the past year. Fifty-five percent of the respondents said that they had sought professional health care. Table 12 shows the providers of this care. Of the 223 workers who sought care, 37 percent went to a private doctor and 20 percent went to La Clinica. The remaining persons used other clinics or hospital outpatient departments or emergency rooms. These figures reflect care received by the migrants at any location in the United States. When health care utilization was classified according to location, it was found that 82 of the 223 workers (37 percent) received care in Wisconsin, 34 percent received it in Texas, 14 percent in Mexico, six percent in Florida, and nine percent in other states or countries. Of the 82 workers receiving care in Wisconsin within a year of the survey, 55 percent received it at La Clinica. One should remember that the utilization data pertain only to the respondent. Other family members, especially children, may have used services also, but these figures only represent workers 16 years and older.

Table 12. Type of Provider of Health Care During Past Year (Q4)

Type of Provider	Percent
Private doctor	36.8
Clinic	25.4
La Clinica de los Campesinos, Inc.	20.4
Hospital emergency room	6.4
Other	4.1
Hospital outpatient department	3.2
No answer	3.7
Total (%)	100.0
(N)	223
(Unweighted N)	145

Reasons for seeking care

Table 13 shows the reasons for which care was obtained during the past year. One out of five visits was for a general physical examination, three percent for dental care, and the remainder for a variety of acute and chronic problems.

Table 13. Reasons for Seeking Health Care During Past Year (Q4)

Reason	Percent
Checkup, general exam	20.1
Orthopedic and musculo-skeletal problem	12.7
Gastro-intestinal and digestive problem	8.9
Minor illness and infection	8.2
Genito-urinary problem	7.6
Skin problem	7.5
Eye problem	4.7
Mental or emotional problem	4.1
Diabetes	3.9
Respiratory problem	3.3
Cardiovascular problem	3.3
Dental problem	3.2
Injury	2.5
Surgery	2.0
Other problem	7.0
No answer	1.0
Total (%)	100.0
(N)	223
(Unweighted N)	144

Hospitalization

Nine percent of the workers said that they had spent at least one day in the hospital during the past year (Q4). The most frequently cited reasons for staying in the hospital were pregnancy and minor surgery. Eighty-six percent of the workers who were hospitalized last year used Wisconsin hospitals, which reflects a high rate of utilization of state hospitals.

General physical examination

Workers were asked when they last had a physical examination without having been sick at the time. Table 14 summarizes the results and includes comparative data from the Hispanic residents and Wisconsin state-wide surveys. Particularly striking is the relatively large number of workers (30 percent)

Table 14. Length of Time Since Last Routine Checkup (Q6)

Length of Time	Migrant Workers	Hispanic Residents	Wisconsin Residents (15 & older)
Less than one year	26.6%	75.9%	71.2%
One to 2 years	21.2	15.0	25.4
Three or more years	20.5	3.0	
Never	29.6	5.3	0.3
No answer	2.1	0.8	3.1
Total (%)	100.0%	100.0%	100.0%
(N)	408	133	5,488

who have never obtained a routine physical examination. This contrasts with five percent of the Hispanic residents and less than one percent of the Wisconsin population over 15 years of age.

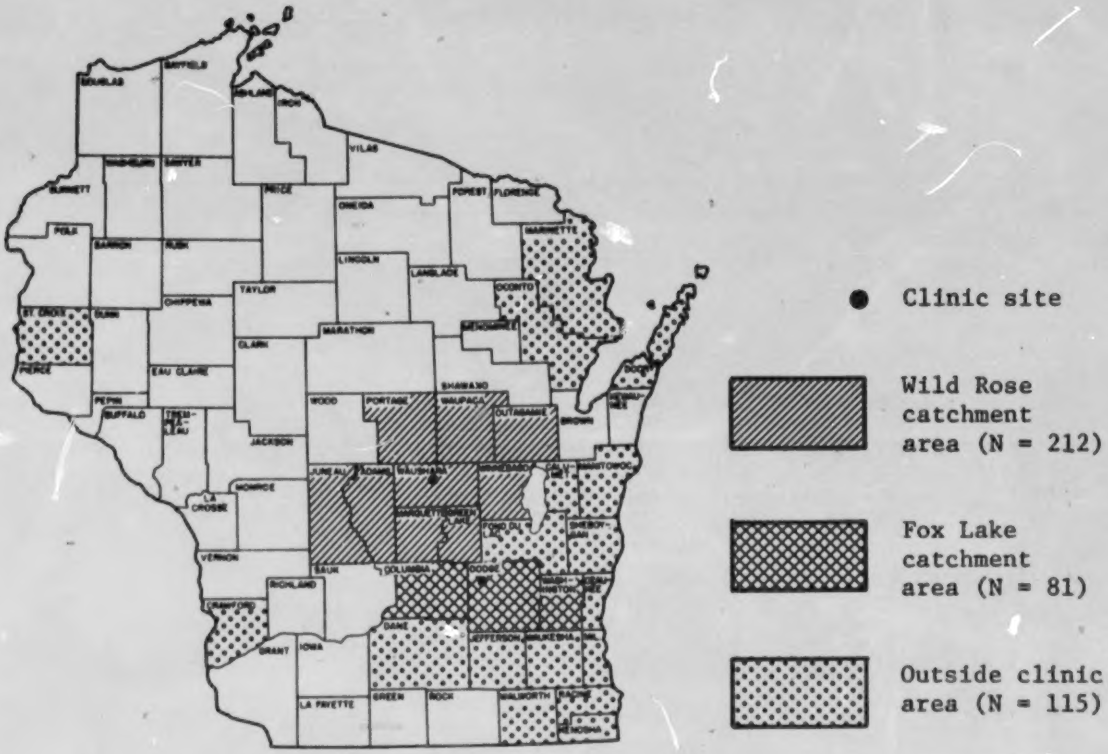
Twenty-seven percent of the migrants had a physical checkup within the past year. For the Wisconsin population, this proportion was 71 percent. In the migrant group there was no difference between men and women. In the Wisconsin sample, women were more likely than men to have received a physical exam within the past year (SWHSA, 1978, Vol. 2).

Health utilization patterns in Wisconsin

In order to examine the effects of the migrant health clinics on health patterns, a special code was constructed to identify workers living in the La Clinica catchment area. To construct the code, workers' responses to two items were checked: the proportion of workers who had heard of La Clinica de los Campesinos (Q31), and the proportion of workers who had had contact with La Clinica (Q31a). Results were calculated on a county-by-county basis. This technique enabled the workers to be divided into two groups: workers who lived in La Clinica's "catchment area," and workers who lived outside of this area. Counties around the two major La Clinica sites (Wild Rose and Fox Lake) were included in the catchment area. (See Figure 4 for the location of the catchment areas).

A majority of the workers (54 percent) had utilized health services at least once while living in Wisconsin (Q15). Sixty-six percent of the women, as opposed to only 45 percent of the men, had used Wisconsin health services. There was a significant difference between workers who were in La Clinica's catchment area (59 percent) and those who worked in the outlying counties (40 percent).

Figure 4. La Clinica Catchment Areas


● Clinic site
Wild Rose catchment area (N = 212)
Fox Lake catchment area (N = 81)
Outside clinic area (N = 115)

Fifty-three workers (13 percent) had used Wisconsin hospital services at least once during their migrant career in the state, with most of them having used those services within a year of the survey.

Forty workers had been to a private physician in Wisconsin. Three-quarters of them visited Wisconsin doctors in 1977 and 1978. Wisconsin public clinics received 33 workers (eight percent), and 21 of those persons went to a clinic in 1977 and 1978. Wisconsin private clinics were utilized by eight workers, all of whom went in 1977 and 1978.

A total of 121 workers (30 percent of the sample) had been to La Clinica at least once to utilize services offered there. Table 15 shows the utilization of La Clinica.

Of the 121 workers who had ever utilized La Clinica's services, 82 percent obtained care during 1977 and 1978. On the whole, women used the services of La Clinica more than men. Forty-two percent of the women had been

Table 15. Utilization of La Clinica de los Campesinos (Q15)

Frequency	Percent
Never	68.8
Once	15.0
Twice	8.2
Three times	2.6
Four or more times	4.1
No answer	1.3
Total (%)	100.0
(N)	408

to La Clinica at least once, whereas only 24 percent of the men said that they had been there. Similarly, bilingual speakers utilized La Clinica more than monolingual speakers (36 percent bilingual versus 24 percent monolinguals).

Dental Care

Workers were asked when they had last visited the dentist. Table 16 describes the utilization of dental care services. The proportion of migrants who have never been to the dentist (25 percent) is noticeably large, and contrasts sharply with the half of one percent of Wisconsin residents 15 years old and older who have never gone to a dentist. In the migrant group, the proportion of men who had never received a dental check is considerably greater than the proportion of women (31 percent males versus 15 percent females).

Table 16. Length of Time Since Last Dental Visit (Q17)

Length of Time	Migrant Workers	Wisconsin Residents (15 & older)
Under 6 months	17.7%	35.4%
6-11 months	6.6	22.4
One to 3 years	26.3	35.7
Three or more years	24.2	
Never	24.6	0.9
No answer	0.6	5.6
Total (%)	100.0%	100.0%
(N)	408	5,488

Of the 305 workers who had obtained dental care at least once in their lives, one hundred, or roughly one-third, received that care in Wisconsin. A greater proportion of women used Wisconsin dental services (32 percent females versus 20 percent males). In similar fashion, bilingual speakers went to the dentist in Wisconsin more than monolingual Spanish speakers (37 percent versus 15 percent). More workers in the La Clinica catchment area went to Wisconsin dentists than workers in the outlying counties (30 percent versus 12 percent), which attests to the successful establishment of dental services at La Clinica.

Almost two-thirds of the workers who had utilized Wisconsin dental services did so in 1977 and 1978. Of those migrants who received dental care, 70 percent received that care at La Clinica.

One out of three respondents stated that they were in need of some dental care at the time of the interview. The reasons that most migrants gave for not having obtained dental care were lack of time and lack of money. Although the proportion of women who already had gone to the dentist at some time was greater than the proportion of men, more women stated that they were in need of dental care than men (41 percent females versus 28 percent males). Bilingual speakers also saw more of a need for dental care than monolinguals.

Vision Care

Thirty percent of the migrant workers indicated that they wore glasses at least some of the time or for some specialized purpose such as reading or driving (Q21). A considerable proportion of the sampled workers (35 percent) had never had their vision checked. Although male workers had slightly fewer vision checks than females, the more significant differences appeared when language proficiency was analyzed. Only 56 percent of the monolingual Spanish speakers had had a vision check, compared with 72 percent of the bilingual Spanish speakers. Workers in the La Clinica catchment areas received vision checks in greater proportion than migrant workers in outlying areas (69 percent versus 58 percent).

When workers were asked whether they had some problem with their vision that should be checked, 23 percent (94 workers) responded in the affirmative. They stated, however, that they had not been to an eye doctor previously because the problem was not felt to be serious enough at the time, and that they were waiting for the opportunity to be checked. Fifteen workers, nevertheless, stated that they had an appointment or were on a waiting list to see an eye doctor.

Housing and Environmental Health

It is very difficult to give a general summary of housing and sanitary conditions of migrant workers in a few statements because conditions vary greatly from place to place. There are certain features of migrant housing, however, that set it apart from housing in rural Wisconsin.

A number of migrant camps consist of bungalow-type structures that serve as multi-family dwellings, with each family occupying a private section. In many cases, sanitary facilities are located in a centralized building which also functions as the laundry room. Although running water is not standard for all migrant dwellings, a nearby faucet generally serves as a source of water for cooking purposes.

A frequently used structure for migrant housing is a mobile home. Although some camps are equipped with trailers that have indoor plumbing, there is one large camp where the inhabitants must rely on centralized sanitary facilities. In a few camps, small cabins are occupied by single family units. Single workers who work in the industrial food processing sector are generally housed in either trailers or large dormitories. In general, these dormitories have minimal privacy, with only dressers and screens serving as partitions.

In a small number of cases, migrant housing consists of little more than a reconverted barn or equipment shed. With the passage of more stringent legislation and frequent inspections by state officials, employers face increasing pressure to upgrade housing for migrant employees.

The migrant workers were asked a series of questions about their housing in Wisconsin (Q74,75). Because of the different situations of the field and cannery workers, these two groups will be compared on some of these items. Over half the field workers lived in a house or cabin, 16 percent in dorms, 13 percent in trailers, and the remainder in rooms or shared houses. About one-fourth of the cannery workers lived in each of three types of housing--houses, dorms, and trailers (see Figure 5). The others were in rooms or shared housing. The grower or employer had provided housing, generally rent-free, for 95 percent of the field workers and 89 percent of the cannery workers. The remaining workers had rented their own apartments or houses, lived with a relative or friend who was a Wisconsin resident, or rented a hotel room.

Table 17 presents the percentage of workers answering "no" to various questions about housing conditions. As shown in the table, about half the workers did not have running water in their houses, and about 60 percent did

Figure 5. Type of Housing for Field and Cannery Workers

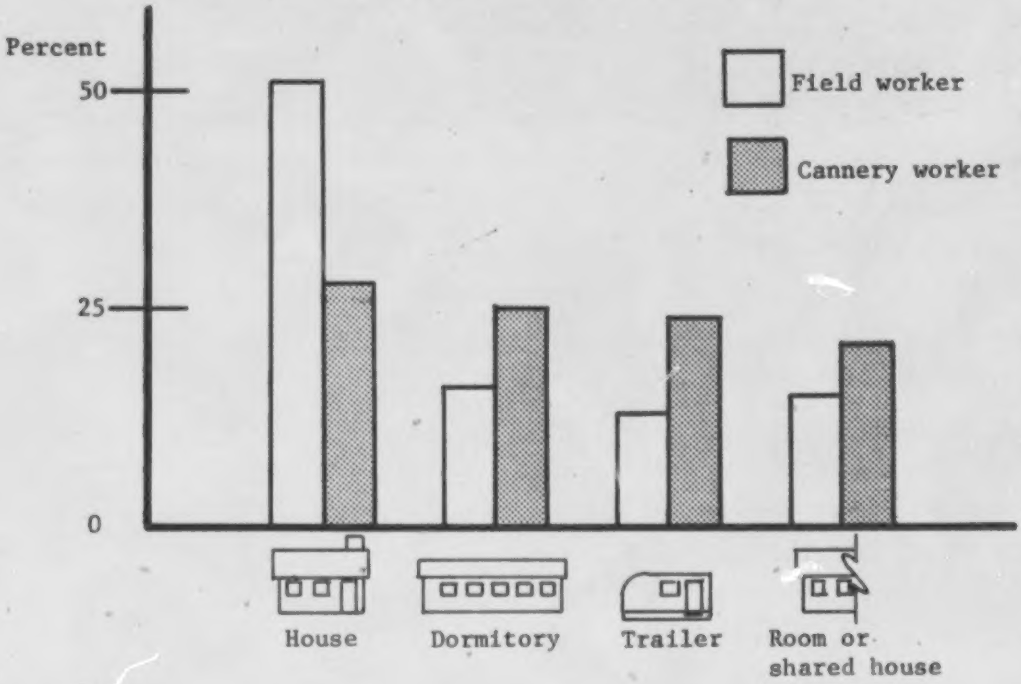


Table 17. Housing Conditions by Type of Employment (Q74)

Housing Facilities	Percent Answering "No"		
	Field (N=193)	Cannery (N=168)	Total (N=408)
Hot running water	48.7%	50.4%	50.7%
Cold running water	43.9	46.3	45.9
Bathtub or shower with hot water	50.1	54.8	53.1
Bathtub or shower with cold water	50.6	54.8	53.4
Flush toilet	56.1	57.1	57.9
Working mechanical refrigerator	10.4	29.8	18.9
Gas or electric burners	11.0	28.2	18.6
Gas or electric oven	15.2	30.0	21.6
Electricity in house	3.2	8.1	5.5
Wood or coal burning stove	91.8	90.7	90.0
Windows in all rooms	23.0	17.3	21.0
Screens on all windows and doors	3.1	1.2	2.8
Anyone sleeping on mattress on floor or on makeshift bed	86.0	84.5	84.7

not have a flush toilet. Of those who did not have a toilet in their house, more of the cannery workers had access to a flush toilet, while the majority of field workers had access only to an outhouse. A larger proportion of field workers, however, had refrigerators and stoves. This is due, in part, to the fact that the larger canneries provide meals for their workers in addition to housing. About 13 percent of the workers had to use makeshift beds for some of their family members.

The workers were asked whether they need better garbage and sewage disposal (Q29). Fifty-nine percent said "yes" to garbage disposal and 49 percent to sewage disposal. These desires for improved sanitary services, plus the lack of plumbing in much of the migrant housing, dramatically illustrates the need for continued improvement of housing conditions.

The workers were asked whether drinking water, a toilet, and a place to wash their hands were available when they were working in the cannery or field. Table 18 shows the differences between field and cannery workers on these three items. As can be seen in the table, most canneries are equipped with these sanitary facilities. Half of the field workers, however, report that they have no available sanitary facilities at the worksite, which is a noteworthy distinction.

Table 18. Sanitary Facilities at Workplace by Type of Employment (Q77)

	Percent Answering "Yes"		
	Field (N=193)	Cannery (N=168)	Total (N=408)
Source of drinking water	48.2%	86.3%	68.2%
Toilet	41.9	88.8	67.1
Place to wash hands	37.2	90.1	64.9

The hazards of pesticides and herbicides when handling fruits and vegetables did not figure prominently in the responses of the workers. Only four percent of the sample said they may have suffered some medical problem on account of exposure to pesticides (Q14). However, the effects of poisons and chemicals on the body are often slow or cumulative over a period of time. Symptoms may not appear for many years, and often may not be linked to previous noxious exposure.

Learning to use insulin for diabetes.

Summary

- One-third of the migrant workers perceived their health status as fair or poor, compared with only 11 percent of the Dane County sample. At the other extreme, 18 percent of the migrants, compared with 49 percent of the Dane County sample said their health status was "excellent."
- The health conditions that bothered migrants most were headaches, eye trouble, backaches, dental problems, coughing, and a series of problems such as nervousness, irritability, trouble sleeping, and low spirits.
- Those who spoke only Spanish reported themselves to be in poorer health and having more bothersome conditions than migrants who were bilingual in Spanish and English. On the other hand, it was noted that monolingual Spanish speaking workers were less likely to use health services than the bilingual group.
- One out of four migrant workers had some chronic condition. The most common complaint was eye trouble, followed by serious nervous problems. Back troubles, missing fingers and toes, and arthritis followed. High blood pressure and diabetes were also prevalent.
- Thirty percent of the workers had never had a general physical examination, one out of four workers had never been to a dentist, and one out of three had never had a vision test.
- Over 50 percent of the workers reported needing better sewage and garbage disposal.
- About half of the workers did not have hot running water in their homes, and 60 percent did not have an indoor flush toilet.

Chapter V

Maternal and Child Health

Children and the family are highly valued in Mexican culture. In addition, numerous ties with other relatives are established and continually reinforced through frequent interaction. Children traditionally have been very important in Hispanic society because their labor has been essential to the economic well-being of the family. Until recently most Hispanic families derived their livings from family-oriented agricultural enterprises. This agrarian economic base required the labor of many children for a family's economic position to improve, and without an institutionalized system of social security children were required to support aging family members. In addition, since mortality rates were extremely high, numerous children were procreated in order to assure the survival of at least a few.

Although many families of Mexican descent have recently joined the migration to urban centers, the traditional family orientation remains strong and large numbers of children are still prized. Like other immigrant groups in the United States, however, the burden of a large family in an urbanized setting will no doubt soon be felt, and a commensurate decline in fertility will probably appear in the Hispanic population. Farm worker families, however, will probably be the last group to adapt to the new environment.

Sample of Migrant Women

In order to obtain information about mothers and children, special information was obtained from a sub-sample of married women in their childbearing years. This included every female worker and every woman under 50 in a worker's family who was married or living in a married state ("juntado"). Of the 262 workers interviewed in the 10 percent random sample, 97 were women. Of these women, 46 were under 50 and married, thus falling into the sub-sample. In addition, 99 women in the households of sampled workers were interviewed. In total, there were 145 women in the sub-sample. Fewer than 10 percent (or 13) of these women had borne no children.

Some Demographic Characteristics

The average age of the women in this sub-sample was 34.2 years. The complete age distribution of this sample is shown in Table 19. More than three-fourths of the women in both the worker sample and maternal sample were wives of the head of the household. About 10 percent were children of the head, another five percent were daughters-in-law, and five percent were the heads of households. Eighty percent of the women in the worker sample were working full-time, as compared with two-thirds of the women in the maternal sample. None of the women in either group were attending school when interviewed, and only four attended school the previous winter.

Table 19. Age of Women in the Sub Sample

Age	Percent
15-19	5.5
20-24	17.2
25-29	13.8
30-34	9.0
35-39	17.9
40-44	19.4
45-49	17.2
Total (%)	100.0
(N)	145

The educational level of the women was low. Six percent had not attended school, and 25 percent had completed four or fewer years of schooling. This meant that 31 percent of the women were functionally illiterate, using the definition applied by the federal government. Only 25 percent of the women had completed 12 or more years of schooling.

Eighty-six percent of the women said that their primary spoken language was Spanish. Of those, 17 percent were unable to write Spanish. About half of the women spoke only Spanish, and half spoke both Spanish and English. Monolingual women were older, on the average, than bilingual women.

Health Status

The women perceived their health exactly the same as the workers: about one out of three said that it was "fair" or "poor." The hospitalization rate was greater for women than for workers in general, with 29 of the 145 (20 percent) being hospitalized in the past 12 months. About half of these hospitalizations were connected to pregnancies, live births, or related female problems. Other causes of hospitalization were routine surgery (appendicitis, tonsillectomy, etc.) (17 percent), mental problems (seven percent), and the remaining 25 percent, ulcers, stomach problems, heart trouble, arthritis, diabetes, and severe headaches.

Women were asked about health conditions that bother them. Table 20 shows the ten most common conditions mentioned. Five of the ten conditions might be interpreted as symptoms of mental distress: headaches, nervousness, irritability, trouble sleeping and low spirits.

Table 20. Ten Most Frequently Mentioned Conditions Which Bother Women "Very Much" or "Some" (Q3)

Condition	Percent (N=145)
Headaches	44.1
Eye trouble	42.1
Nervousness	33.1
Irritability	29.7
Backache	29.7
Tooth or gum trouble	29.7
Trouble sleeping	20.9
Arthritis, rheumatism	18.6
Stomach pains	17.2
Low spirits	16.6

Two other problems, dental and eye problems, require special medical care that is often lacking in rural areas. About 17 percent of the women had never been to a dentist, and another 17 percent had not been to a dentist for three or more years. More than one out of three women said that they needed dental care and were not getting it.

Eye problems were reported by 42 percent of the women. Thirty-five percent had never been to an eye doctor, and an additional 16 percent had not seen an eye doctor in three or more years. About one third said that they were currently having eye problems and felt that their eyes should be checked by a doctor.

Utilization of Medical Facilities

About 70 percent of the women went to a doctor or clinic for care in the past year. Twenty-three percent went to La Clinica, and an additional 18 percent went to a private doctor, clinic or other medical facility in Wisconsin.

One-third of the women had never had a general physical exam, 21 percent never had a pelvic exam, and 17 percent never had a Pap test. These figures were similar among the mono- and bilingual women.

The women were asked what health services they were currently using and, for those they were not using, which ones they would use if available. The results were similar to the responses given by the workers (see Chapter 8). Over 40 percent of the women use immunization clinics, transportation provided to health facilities, Spanish-speaking health professionals, dental care, and doctor and medical facilities located close to home. When asked which services they would use if available, 63 percent of the women said they would use dental care. This was followed by the facilities located closer to home, and clinics open nights and weekends. Emergency care services, one doctor for the whole family, and first aid training all were mentioned by over 50 percent of the women as services which they would use.

Childbearing History

The number of live births experienced by these women ranged from none to 15, with the average number of births to date 4.3. Migrant women who spoke only Spanish have borne one more child, on the average, than women who were bilingual (5.4 compared to 4.3). This contrasts with the much lower national average of 1.9 for wives aged 14 to 39 (Bureau of Census, 1978). Child mortality experience was considerable: 15 percent of the women had experienced a death to one or more live births. Twelve women experienced one death, seven women two deaths each, one women three deaths, and one woman six deaths.

Each woman was asked whether each birth took place in a hospital. Of the 130 women who had given birth, 61 (47 percent) had borne at least one child out of the hospital. Today, 99 percent of all births in the U.S. are in hospitals. One out of four women under 30, compared with 58 percent of women 30 and over, had at least one child born out of the hospital. Monolingual women were three times as likely to have had a birth out of the hospital as bilingual women. The range of numbers of children borne out of the hospital was very large: 21 women had one child born out of the hospital, whereas 13 women had six or more births out of the hospital.

The women were asked how many children they expect to have by the time they are 50 years old. This question takes into account the number that they have already borne. The average number for the 129 women who answered the question was 5.0, as contrasted with an average of 2.4 for American wives 14-39 in a national survey (Bureau of Census, 1978). Women under 30 expect 3.7 children on the average, while women 30 and over expect to have 5.7 children. Table 21 shows the distribution of expected number of children when childbearing is completed. Most of the women who spoke only Spanish have already had the children they expect to have (5.5 children), whereas bilingual women expect to have 4.3 children, and have had 3.1 to date.

Fifty-three percent of the women expected to have no more children. On the other hand, seven percent were pregnant, and an additional seven percent expected to have their next child within a year.

Table 21. Number of Children Expected by Age 50 (QM23)

Expected Number of Children	Age 15-29	Age 30-49	Total
0-1	3.8%	5.5%	4.8%
2-3	35.8	13.0	21.3
4-5	39.7	27.2	31.8
6-9	11.3	32.6	24.8
10-13	0.0	9.8	6.2
Don't know; God's will	9.4	7.6	8.3
No answer	0.0	4.3	2.8
Total (%)	100.0%	100.0%	100.0%
(N)	53	92	145
Mean Number	3.7	5.7	5.0

Thirty-eight women (26 percent) experienced a pregnancy that did not result in a live birth. Twenty-four women had one miscarriage, ten women had two, and four women had three each.

Family Planning

Women were asked a series of questions about family planning. The first question was: "If you were interested in getting information on how to keep from getting pregnant, with whom would you first discuss it?" The same question had been asked of women in the Dane County Survey, and the survey of Hispanic year-round residents in a three-county area of Wisconsin. Table 22

Table 22. Person with Whom Women Would First Discuss Information on Contraception (QM28)

	Migrant Women	Hispanic Residents	Dane County Residents
Doctor	23.4%	59.1%	85.8%
Family planning clinic	13.1	10.8	1.1
Public health nurse	7.6	1.2	0.3
Husband	40.0	13.3	6.4
Friend or neighbor	2.8	8.4	5.1
Other	7.6	2.4	--
No information	5.5	4.8	1.3
Total (%)	100.0%	100.0%	100.0%
(N)	145	133	377

compares the response of the migrant women with that of the other groups. The reliance of the migrant women on their husbands is in contrast to the other groups, who would first talk to the doctor or other professional group. It is interesting to note that responses of the year-round Hispanic women fall between the migrant and Anglo groups. More of the younger women and bilingual women tend to say they would discuss birth control with their husbands, than older women or monolingual women.

In the migrant group, over one-third of the women had never used any contraceptive method. Table 23 shows the distribution of women by contraceptive practice. A slightly larger proportion of younger women is currently using contraception (43 percent) compared with older women (30 percent).

The methods used by the 51 women presently practicing contraception are shown in Table 24. Over half the women are using oral contraceptives (Pill),

Table 23. Utilization of Contraception (QM31, 32)

Utilization	Age 15-29	Age 30-49	Total
Using contraception now	43.4%	30.4%	35.2%
Used contraception before but not now	17.0	19.6	18.6
Never used contraception	35.8	39.1	37.9
Sterilized	3.8	8.7	6.9
No information	0.0	2.2	1.4
Total (%)	100.0%	100.0%	100.0%
(N)	53	92	145

Table 24. Contraceptive Methods Currently Used by Women (QM31a)

Method		Percent
Pill		52.8
IUD		29.4
Foam		5.9
Condom		3.9
Rhythm		2.0
Withdrawal		2.0
Douching		2.0
Other		2.0
	Total (%)	100.0
	(N)	51

and 29 percent have an intrauterine device (IUD) in place. These figures contrast with the latest figures from the 1976 National Survey of Family Growth, which indicate that of those using contraception, 46 percent of the women are now using the Pill and 13 percent IUDs (Ford, 1978).

Women were also asked if they had heard of 11 different birth control methods (QM30). About nine out of ten women had heard of the Pill. This was followed by about fifty percent familiar with the condom, IUD, foam, and female sterilization. In other surveys where this question is asked, a minimum of two-thirds of the women are usually familiar with these methods. Migrant women have much less knowledge of these techniques than other women.

An attempt to find out whether the women wanted more information about family planning was made by giving each women three alternative statements from which to choose (QM29). Table 25 shows the number of women who agreed with each statement. Fewer than one out of five women said they would like more information about family planning, even though 38 percent have never used

Table 25. Interest in Family Planning Information (QM29)

		Percent Answering "Yes"
I would like more information made available to me		16.6
I am satisfied with my present knowledge		57.9
I do not desire to use birth control		15.2
Other statement		5.5
No information		4.8
	Total (%)	100.0
	(N)	145

it. Many of the women who had never used contraception said they did not want to, had no need, or wanted to get pregnant. There were no differences in responses among the younger or older women.

Previous Pregnancy

In order to determine the care received during pregnancy, each woman was asked for information about her most recent pregnancy within the past 10 years. Eighty-eight percent of the women (N=128) had been pregnant within the last 10 years. This section is based on the information provided by these women.

Ninety percent of the women received some medical care during pregnancy. Over half of these women saw a doctor during their first trimester. However, 19 percent made their first visit in the fourth to sixth month, and 12 percent in the last trimester. Nine women (seven percent) had no care during their last pregnancy. This figure of 19 percent is double the latest national figures available (1973), which indicate that 9.5 percent of pregnant American women received late or no pregnancy care (Gortmaker, 1979).

About three out of four women had post partum checkups; this is lower than a national sample of women, where the rate was 83.6 percent (NCHS, 1977).

Current Pregnancy

At the time of the survey, 10 of the 145 women were pregnant (7 percent). Six were in their first trimester, one in the second trimester, and three in the last trimester. Six were under medical care; four were not. Of those currently receiving care, three were seeing a private doctor, two visited a clinic, and one was going to La Clinica. The four who had not yet been to a doctor were planning to go; two to La Clinica and two elsewhere. One of these women was in the first month of pregnancy, one in the second month, and two in the third month. All the women expected to deliver their children in a hospital.

Children's Preventive Health Status

At the time of the interview, the sample of women had 358 living children under the age of 16. They were asked a number of questions about these children (QM1-M15). Three types of preventive health care will be mentioned here: well checkups, dental visits, and immunizations.

Well checkup

Mothers reported the last time the child had had a well checkup. The children are divided into three age groups: under two, two through five, and

Table 26. Last Physical Checkup and Dental Visit of Children Reported by Migrant Mothers

Length of Time	Last Physical Checkup			Last Dental Visit	
	Age of Children			Age of Children	
	< 2	2-5	6-15	2-5	6-15
Less than 1 year	48.9%	53.1%	39.4%	35.4%	38.0%
1 to 1.9 years	13.3	15.2	18.4	11.4	21.8
2 to 2.9 years	--	6.3	2.1	--	3.0
3 to 5.9 years	--	1.3	3.4	--	3.0
6 to 11.9 years	--	-	0.4	--	0.4
Never	22.2	11.4	17.5	34.2	18.8
No answer	15.6	12.7	18.8	19.0	15.0
Total (%)	100.0%	100.0%	100.0%	100.0%	100.0%
(N)	45	79	234	79	234

six through fifteen. Table 26 indicates that 20 percent of the children under two have never had a general physical exam. This drops to 11 percent for children two to five, and increases to 18 percent for the older children. At the other extreme, about 50 percent of the children under six and 40 percent of the children 6 through 15 have had a physical exam within the past year.

Dental visits

One-third of the children aged two through five had never visited a dentist. This drops to one out of five for the older children (see Table 26). For children from age two through 15, about one out of three had seen a dentist within the past year.

Immunization record

Mothers were asked whether or not their children had been immunized against common childhood diseases. Table 27 shows their reports. Although there is certainly room for improvement, the children under two years appear to be fairly well immunized for diptheria, pertussis, tetanus (DPT) and polio The records of the older children, as reported, also appear to be very good. Almost 90 percent of the children received the immunizations.

There may be some possibility of over-reporting in this area, although the interviewers had no evidence of this. When mothers stated that they were not sure, or that "maybe" their child was immunized, they were not counted as having received the immunizations.

Public health programs emphasize immunizations for children, and various school programs include an immunization clinic in their school hours. The survey data indicate that these efforts have succeeded in producing a relatively high level of protection among the migrant children.

Table 27. Percent of Children Immunized Reported by Migrant Mothers

	Age of Children		
	< 2	2-5	6-15
Immunization	(N=45)	(N=79)	(N=234)
DPT	73.3%	89.9%	88.5%
Polio	66.7	93.7	89.3
Rubella	37.8	88.6	85.5
Red measles	--	--	87.2
Mumps	--	--	75.6
TB skin test	--	--	83.8
Smallpox	--	--	84.2

Summary

- The married women in households of migrant workers have given birth to an average of 4.3 children, and expect to have 5.7 children by the time they are 50.
- Of the 145 women surveyed, 35 (15 percent) had experienced one or more children dying after birth.
- One-third of the women had never had a general physical exam, 21 percent never had a pelvic exam, and 17 percent never had a Pap test.
- Forty-seven percent of the women had experienced at least one birth out of the hospital. Twenty-five percent of women under 30 had one or more births out of the hospital.
- Over one-third of the migrant women have never used any form of contraception. Thirty-five percent of the women were currently using contraceptives. The Pill was most frequently used, followed by intrauterine devices (IUDs).
- Twice the proportion of migrant women, compared with all American women received no, or very late, prenatal care during their latest pregnancy (19 percent compared to 9.5 percent).
- Migrant children appear to be reasonably well immunized against most childhood diseases.

Chapter VI

Mental Health

Migrant farm workers, by the very nature of their work, cannot "belong" to the community where they work every summer. The long hours of labor tend to widen the separation between the townsfolk and the workers. The fact that the migrant family is subject to constant mobility and uncertainty about a job, or lack of it, may increase the isolation and alienation of the migrant family.

Against this general background the survey attempted to measure the overall emotional well-being of the respondents: How do migrants cope with problems? What outlets do they have for releasing stress and tension? Do they know of and have access to local resources?

Mental Distress Symptoms

Among the conditions most troublesome to the workers were those related to mental distress (see Table 9, IV). The migrants explained their nervousness in such terms as "scared," "get angry," "get irritated," "can't sleep," "head hurts," and "trembling."

Of those who reported trouble with nerves, 16 percent were on medication and 28 percent sought help for nervous troubles or emotional problems. These figures for migrants are lower than those for year-round Hispanic residents. For example, 35 percent of the year-round Hispanic residents said they had trouble with nerves; 23 percent were on medication, and 38 percent were seeking help. This is not surprising, since one would expect year-round residents to have more access to helping services.

With respect to the responses about troubles with nerves, it is interesting to note that most of the folk illnesses found in Mexican and

Mexican-American society stem from a shared notion of emotional upset or fear. Belief in folk illnesses such as magical fright ("susto") and evil eye ("mal de ojo") is pervasive throughout Mexican culture, and both of these illnesses have central symptom clusters of fear, anxiety, sleeplessness, loss of appetite, and other signs of emotional distress. As is the case for most folk illnesses throughout the world, there are numerous folk specialists in Mexican and Mexican-American society who can readily diagnose and treat these disorders. (For more detailed discussions of these illnesses, see Artschwager Kay 1977, Clark 1959, and Rubel 1960).

It was found that women complain of nervousness more than men. Twenty-nine percent of the women, versus 11 percent of the men, acknowledged that they had some nervous problem. There are a number of reasons why women would tend to cite nervous problems at a higher frequency than men. First, women bear a great deal of responsibility in the domestic arena. This, in combination with the large family size characteristic of Mexican-American society, places additional demand upon the women. An added factor is that when migrants are engaged in agricultural labor, the added work load compounds the domestic demands placed upon women. In addition, men simply are less inclined to acknowledge these types of maladies.

The analysis of emotional symptoms and problems indicates that bilinguals report fewer problems than monolinguals. For example, 26 percent of the monolinguals as compared with 14 percent of the bilinguals had some problems with their nerves. Working in an English-speaking community, Spanish speakers are at a disadvantage, and their feelings of marginality may color their perceptions of their own states of health.

Personal Problems

In order to find out how migrants would deal with difficult personal problems, they were asked what they would do if they were unhappy all of the time (Q25). Fifty-five percent indicated that they would talk to their spouse, a relative, or a friend as opposed to a doctor, priest, or other professional (Table 28). These figures differ considerably from those of the Hispanic permanent residents, where 42 percent would seek professional help, while 16 percent felt they could handle it on their own, and 29 percent would consult with their spouse, another relative, or a friend.

A follow-up question was asked of those who did not mention going to a professional:

Table 28. Source of Help with Personal Problems (Q25)

Source of Help	Migrant Workers	Hispanic Residents
Talk to spouse	25.7%	18.6%
Talk to relative	19.5	
Talk to friend	10.2	10.9
Talk to priest	6.6	15.5
Talk to doctor	5.5	18.5
Talk to counselor, professional	5.2	7.8
Do nothing	11.9	16.3
Other	7.8	10.1
No answer	7.6	2.3
Total (%)	100.0%	100.0%
(N)	408	133

> "Suppose the problems did not get better no matter what you tried to do about them yourself, and you felt you had to have some counseling. Do you know of anyone or any place around here where you could find help?"

Of the 55 percent who had not mentioned seeking help from a professional, an alarming 74 percent of the respondents said they did not know where to seek help if they needed it. Of the 20 percent who indicated that they did know where to seek counseling, the various resources mentioned were: relative or friend, professional, boss or supervisor, United Migrant Opportunity Services (UMOS), La Clinica and others. Although the question asked for professional counseling sources, again many people indicated that they would go to a friend or relative for help. The knowledge of and desire to seek out professional counseling appears to be extremely low among migrant workers.

Alcoholism

The use of alcohol is often mentioned as a form of escape from the problems of social isolation, alienation, language difficulties, and poverty. However, if the responses to the question, "Do you drink alcoholic beverages (often, occasionally. seldom, never)?" are indicative of the use of alcohol, there is little evidence that alcohol is a problem among migrants. Forty-four percent of the workers said they never drink (Table 29). However, men and women differ considerably in their drinking habits. This is a reflection of the cultural attitudes of the migrants: women should not drink alcoholic beverages except for an occasional cocktail in a social setting, and they should never drink in public. Only four percent of the women reported that they drink alcohol occasionally or often, while 40 percent of the men did so.

Table 29. Frequency of Consumption of Alcoholic Beverages by Sex of Worker (Q27)

Frequency	Males	Females	Total
Often	4.7%	0.0%	2.8%
Occasionally	35.1	3.6	22.5
Seldom	42.3	12.8	30.5
Never	17.9	83.6	44.2
Total (%)	100.0%	100.0%	100.0%
(N)	245	163	408
Unweighted N	165	97	262

Conversely, 84 percent of the women said they never drink alcohol while only 18 percent of the men claimed to never drink. Very few men and no women saw any difficulties arising due to their drinking. Some people who work closely with the migrant community feel that alcohol consumption, particularly among men, is a problem at times. The questions in this survey were not able to elicit much information about problems with alcohol abuse.

Social Integration with Family and Friends

Twenty-nine percent of the migrants had come to Wisconsin without their families, while 70 percent came with their families or other relatives. The large number of families that came to work in Wisconsin entails further disruptions of living patterns for both adults and children. Children are pulled out of their home schools and forced to abandon their studies for the remainder of the school year. Many times the parents do not register the children in local schools because of the lateness in the school year. Wives also experience disruptions as they leave old friends and close relatives, to struggle with new facilities and encounter different ways of doing things. They must find new stores, for example, which may not carry the foods and products they are accustomed to cooking for their families.

Even though the immediate family travels together, informal get-togethers are infrequent for families (Q67). Thirty-eight percent of the respondents indicated they visited with relatives once a week or more. Five percent saw their relatives two or three times a month, while two percent saw them only once a month. A large percentage, 42 percent, never visited with their relatives while in Wisconsin, and four percent did so only a few times a year or less.

Sixty percent of the respondents got together with friends at least once a week, seven percent two or three times a month, seven percent at least once a month, and 19 percent never socialized with their friends (Q68). Apparently, meetings with friends are more frequent than meetings with relatives while in Wisconsin.

Respondents were asked how often they went out to eat, drink, dance, or see a movie (Q69). Only 34 percent indicated they went out once a week or more. Thirteen percent went out two or three times a month and 10 percent at least once a month, but a large percentage, 37 percent, never went out while in Wisconsin.

Social Integration in the Community

Comparing some social patterns of the migrant worker, such as church attendance, reading newspapers or listening to the radio both in his home state and in Wisconsin, one again notices the lack of social contacts of the worker while in Wisconsin.

Ninety percent of the respondents claim to attend religious services in their home states, compared with only 40 percent in Wisconsin (Table 30). The greatest difference is between the proportion who say they never attend services in their home state--eight percent of the respondents--compared to just over half in Wisconsin.

The importance of having a Spanish-speaking clergyman in Wisconsin is evidenced by the respondents' comments (Q66). The church is an important component in the cultural tradition of Mexican-Americans. The priest is not only a religious counselor, but also a friend, confidant, and advisor. Seventy-one percent indicated an interest in Spanish-speaking clergy. Only 50 percent of these respondents knew whether there were such clergy in their areas.

Table 30. Attendance at Religious Services in Wisconsin and Home State (Q65)

Frequency of Attendance	In Wisconsin	At Home
One a week or more	19.1%	54.6%
Two or three times a month	7.3	12.3
Once a month	7.6	10.5
A few times a year or less	5.6	12.7
Never	54.9	7.5
No answer	5.5	2.4
Total (%)	100.0%	100.0%
(N)	408	408

The priest is friend, confidant, and advisor.

Considering the reading of local newspapers an indicator of interest in local events or news, migrant workers in this study report very little interest (Q70). Only 19 percent read the local newspapers, two percent read a Spanish-language paper, and 76 percent read no newspaper at all. Migrants were also asked if they listened to any Spanish-language radio programs (Q71). Nineteen percent indicated they listened to a Spanish-speaking radio program while in Wisconsin, although 60 percent said they had a radio. Of those who did listen to a Spanish-speaking program, the programs originated in Milwaukee, Jackson or Berlin.

How do these facts compare with the permanent Hispanic residents? There is somewhat greater evidence of integration into the local community in the latter group. Sixty-one percent of the year-round Hispanics read a newspaper regularly and 60 percent listened to a Spanish-language radio program.

Programs Serving the Migrant Community

The migrant workers were read a list of 10 organizations that provide various services to the migrant population, and were asked whether they had heard of each service. Those who had heard of a specific service on the list were asked if they had any contact with it, and if so, whether they were satisfied. Table 31 shows the results of these questions. Over 80 percent of the workers had heard of both the Food Stamp program and UMOS. While the remaining programs were less successful in reaching the migrants, only two organizations had been heard of by fewer than one-third of the workers (Migrant Legal Services and County Public Health Department). The proportion

Table 31. Knowledge of, Contact With, and Satisfaction With Migrant Service Organizations (Q31)

Program	Heard of		Contact With		Satisfaction	
	N	%	N	%	N	%
Food Stamp Program	408	85.6%	349	82.6%	288	95.1%
United Migrant Opportunity Services (UMOS)	408	83.1	339	73.8	250	95.2
La Clinica de los Campesinos	408	70.6	288	69.5	200	95.4
La Raza Unida	408	55.5	226	24.0	54	93.7
Migrant Summer Education Program	408	53.0	216	53.4	116	100.0
WIC (Women, Infant and Children Food Program)	408	43.7	178	59.6	106	100.0
Migrant and Rural Services	408	37.8	154	44.5	69	98.8
Texas Migrant Council	408	37.2	152	35.6	54	95.9
Migrant Legal Services	408	31.6	129	33.1	43	88.8
County Public Health Dept.	408	25.4	103	39.4	41	100.0

of workers who had some contact with the programs also varied quite widely, with Food Stamps and UMOS again serving the largest numbers. Contacts with all the programs were satisfying to the majority of the workers using them. It should be kept in mind that some of the representatives of these services may not clearly identify themselves to the workers. For example, when a county public health nurse arrives at a camp, she may not be wearing any identification connecting her with the County Health Department.

Some serious problems in knowledge of professional counseling sources have been pointed out earlier in this chapter. Table 31 also demonstrates that some of the services for migrants would be more effective if their presence was made better known.

Summary

- One out of five migrant workers reported that conditions such as nervousness, irritability, trouble sleeping and low spirits bothered them very much. Of that group, only 28 percent had sought help.
- Most respondents said they would rely on a spouse, relative, or friend for help with a personal problem rather than a doctor, priest, or other professional.
- Alcohol use is much more prevalent among men than women. Alcohol abuse is a hidden problem among migrants.
- Migrants rely on their friends for informal socialization.
- Migrants appear isolated from their local communities. Fifty-five percent never attended church services in Wisconsin; 37 percent never went out to eat, drink or see a movie; and 76 percent read no newspapers.

Chapter VII
Problems in Obtaining Medical Care

The migrant worker is in a unique position in that each year he or she has at least two distinct places of residence, often over a thousand miles apart. This creates difficulties in finding sources of medical care, and in maintaining continuity in the treatment of any health problems. In addition, the migrant worker in Wisconsin generally lives in a rural area, where there tends to be a scarcity of medical practitioners, requiring traveling a greater distance to receive care. Furthermore, the migrant comes to Wisconsin to work and earn most of his or her yearly income over a period of a few months. Any interruption in the availability of work from illness, injury, or even bad weather is not welcome.

The Spanish language and cultural background predominant among the migrant workers affects health care also. Many workers from south Texas seek medical care and traditional remedies from Spanish-speaking practitioners on both sides of the U.S.-Mexican border. The fluency of many migrants in Spanish but not in English affects their ability to communicate symptoms and conditions to a doctor, thus influencing the ease and accuracy with which the doctor offers diagnosis and treatment. Similarly, language affects the understanding by the patient of his or her health condition.

Reasons for Not Seeking Medical Care

The workers were read a list of reasons that prevent people from going to doctors and asked if any of the reasons had kept them from seeing a doctor in the past year. As shown in Table 32, 40 percent said they do not like to bother the doctor unless it is necessary. A number of factors may underlie this reason. For example, migrants may postpone contacting the doctor until

Table 32. Reasons for Not Seeing a Doctor During Past Year (Q16)

	Percent Answering "Yes"		
Reason	Total Migrant Workers (N=408)	La Clinica Catchment Area (N=293)	Outside La Clinica Area (N=115)
I don't like to bother the doctor unless it's necessary.	39.6%	37.2%	46.0%
It takes too long to get an appointment.	19.8	18.8	22.5
The doctor's office is too far away.	17.8	17.7	18.5
I can't speak English.	16.0	13.0	23.7
I am unable to get there at time service is offered.	14.8	11.3	24.0
I can't afford it.	14.0	12.6	17.5
I would lose pay or income from work.	13.9	11.3	21.2
I have no transportation.	11.1	7.8	19.6
I feel uncomfortable with doctors.	9.9	8.5	13.0
I don't know what doctor to go to.	9.7	8.5	13.1
I'm afraid of what the doctor might find.	8.3	6.8	11.3
I don't believe in doctors.	7.5	5.1	13.3
I believe in sources of healing other than doctors.	5.8	2.7	14.0
I don't need doctors. I can treat my own health problems.	5.3	4.1	8.1
My family or friends have had previous bad experiences.	4.2	2.7	7.1
There is no one to look after my children.	2.6	2.0	4.0
Some members of the family won't allow it.	0.5	0.0	1.7
Other reason (afraid, too busy, procrastinate, don't give shots).	1.8	0.7	4.2

the condition becomes serious, they may feel awkward or estranged in the medical-technical setting, they may fear rejection by the doctor of a diagnosis they made of their own condition, or they may be concerned that the outcome of the visit would not include a tangible "cure" such as a prescription or an injection. Other reasons for not seeing a doctor in the past year included time, language, cost and transportation problems. When asked about beliefs in sources of healing other than doctors as a reason for not seeing a doctor in the past year, only six percent answered "Yes," although another 11 percent qualified this statement by saying that they "sometimes" believe this.

In order to examine the impact of La Clinica's special health clinics, workers living in its catchment area were analyzed separately from workers living outside the area (see Figure 4, Chapter IV). In general, a larger proportion of workers outside of La Clinica's area reported reasons for not seeing a doctor than those in the catchment area.

For both groups, the major reason was not wanting to bother the doctor. However, many of the remaining reasons change in order of importance for the two groups. Workers outside La Clinica's area are hampered to a greater extent by the times the services are offered, the length of time required to get an appointment, problems with language, loss of pay, and no transportation. These problems have been addressed by La Clinica's program, which includes night and weekend clinic hours, Spanish speaking health professionals, and transportation arrangements. The effects of La Clinica's program can be seen in Table 32 which shows that the proportion of workers expressing these reasons is twice as great for workers outside of La Clinica's area. For example, 24 percent of workers outside the catchment area had problems with the time at which medical services are offered, but fewer than 12 percent of the catchment area workers had this problem. More workers outside the catchment area tend to believe in sources of healing other than doctors, and do not believe in doctors. Also, more workers outside of La Clinica's area feel uncomfortable with doctors and don't know what doctor to go to.

Workers who spoke English, as either a primary or secondary language and those who did not know English at all, were also analyzed by reasons for not seeing a doctor. There were only a few differences among the two groups. The workers who could not speak English were kept from seeing a doctor more often than the others for these reasons: would lose pay, takes too long to get an appointment, can't speak English, and don't believe in doctors. The most common reason for not seeking care among both groups, again, was not wanting to bother the doctor.

When men and women were analyzed separately for reasons for not seeing a doctor, only one difference appeared. More women than men said that they had not seen a doctor because they felt uncomfortable with doctors (18 percent versus 5 percent).

Language Difficulties in Obtaining Health Care

Only 11 percent of the workers said they had problems getting good health care due to language difficulties (Q32). Not surprisingly, 90 percent of those people were unable to speak English.

Forty-four percent of the workers found it necessary to bring an interpreter with them when getting health care (Q34). Three-fourths of these workers could not speak English. Half of the interpreters were family members. Other workers used friends, or both family members and friends. Only two percent used an employee of a social service agency as the interpreter. The majority of the interpreters were adults.

The workers were also asked whether the staff at the place where they received health care in Wisconsin was bilingual (Q35). Fifty-eight percent of those who had received health care said the staff was bilingual. Four-fifths of those who used these places for care lived in the two La Clinica catchment areas.

About 30 percent of the workers had received medical instructions written in Spanish (Q36). Of the remaining workers, 33 percent needed an interpreter when they got instructions written in English. In all, about 54 percent of the workers preferred to have medical instructions written in Spanish.

Payment of Medical Costs

The workers were asked how they pay their medical bills in Wisconsin (Q38). There are basically four ways the bills are paid: Migrant Health funds, private health insurance plans, Medicaid (Title 19), or out of pocket cash. Some migrants mentioned more than one means of payment.

Table 33 shows that over one-third use the Migrant Health funds, with almost half of the workers in La Clinica's area using this type of payment.

Table 33. Means of Payment of Medical Bills in Wisconsin (Q38)

Type of Payment	Total Migrant Workers (N=408)	La Clinica Catchment Area (N=293)	Outside La Clinica Area (N=115)
Migrant Health Funds	35.4%	43.7%	15.1%
Medicaid	16.0	17.4	12.2
Insurance:			
Premium paid by employer	9.7	8.5	12.5
Premium paid by worker and employer	6.0	4.4	10.4
Premium paid by worker	5.2	3.4	9.6
Out of pocket cash	24.6	20.5	34.5
Other	7.6	6.1	11.9

Twenty-one percent of the workers have some type of private health insurance. A greater proportion of workers living outside of La Clinica's area tend to have private insurance than those in La Clinica's area. Medicaid accounts for less than 20 percent of all payments for workers, regardless of where they live. About one-fourth of all workers pay medical bills with out of pocket cash, with workers outside of La Clinica's area tending to do this more than those living near the clinics.

Only two percent of the workers ever borrowed money to pay medical bills in Wisconsin (Q40). Fewer than two percent have been refused care due to inability to pay, and only one percent of the workers said they or a family member did not get needed care because they could not afford it.

Summary

- Four out of ten workers agreed that, "I don't like to bother the doctor unless it's necessary," was their major reason for not seeing a doctor. Other reasons involved time, cost, language and transportation problems.
- There is evidence that La Clinica's bilingual support staff, night and weekend clinic hours, and transportation arrangements have had a sizable impact on the barriers to health care expressed by the workers.
- Forty-four percent of the migrant workers needed an interpreter when getting health care.
- Migrants report the following means of payment for medical bills in Wisconsin:

35 percent	Migrant Health Funds
20 percent	Private health insurance
15 percent	Medicaid (Title 19)
25 percent	Out of pocket cash payments

Chapter VIII

Unmet Needs

A major goal of the survey was to identify unmet health needs of the migrant population. Workers were asked the following questions:

> "We are interested in finding out whether or not people are getting the kind of health care they need. Here is a list of different health services. Please tell me which of these services you or someone in your household is now using. (If not using) Would you or someone in your household use this service if it were available?" (Q29)

Services Currently Using or Would Use

Table 34 presents the proportion of workers now using the various health services, and the proportion of respondents who said they or a family member would use the services, if available. Each set is ranked in terms of importance. It is interesting to compare the proportions of those now using and those not using, but needing, each of the health services. In almost all cases, the proportion that would use many of the services was at least 10 percent higher than those currently using the services.

The services currently being used by more than one-third of the migrant workers and their families are immunization clinics (42 percent), transportation to health facilities (41 percent), Spanish-speaking health professionals (39 percent), clinics open nights and weekends (36 percent), and medical facilities located nearby (35 percent). Those availing themselves of these services were more likely to be living within La Clinica's catchment area.

The proportion who would use the services may be the best indicator of unmet needs. Nearly 60 percent of the respondents reported a need for dental care. This is not surprising since, as seen in Chapter IV, one out of four migrants had never been to a dentist, and one out of three felt that they

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Table 34. Services which Migrants Are Currently Using or Would Use If Available (Q29)

Services	Services Currently Using		Services Would Use	
	N	%	N	%
Immunization clinics	201	42.2	112	32.1
Better transportation to health facilities	408	41.4	212	33.9
Spanish-speaking health professionals	408	38.8	220	52.7
Clinics and doctors offices open nights and weekends	408	35.6	225	56.0
Doctors and medical facilities located closer to home	408	35.2	236	53.4
Dental care	408	31.1	273	59.3
Daycare and babysitting services	201	27.7	138	33.3
One doctor taking care of the whole family	408	25.9	272	42.7
Services of nurse visiting in the home	408	21.7	297	36.0
Emergency care services	408	20.6	292	46.3
Nutrition information and classes	408	14.6	327	30.6
Family planning services	408	13.8	297	23.6
First aid training	408	9.9	346	44.8
Chiropractic clinics and services	408	5.5	361	34.1
Home visits by public health nurse before and after birth of child	408	4.6	318	22.3
Mental health or psychiatric services	408	3.8	378	30.4
Marriage and family counseling	408	2.8	360	23.6
Drug and alcoholism counseling	408	1.4	388	21.5
Expectant parent classes	408	1.2	337	22.3

currently needed dental care. The next three most frequently mentioned unmet needs were clinics and doctors available on nights and weekends (56 percent), doctors and medical facilities located closer to home (53 percent), and Spanish-speaking health professionals (53 percent).

The results relate to some of the major reasons for not seeing a doctor discussed previously (Chapter VII). These included the inability to communicate in English, and the time and distance involved in making doctor visits. As also noted, there is evidence that the existing bilingual support staff and night and weekend hours of La Clinica have a significant impact on the unmet needs of workers living in its catchment areas (Chapter VII).

Most Needed Health Services

Respondents were asked to list the two most needed health services from among those they were not currently using. The two services mentioned by each respondent were counted and the results are shown in Table 35. Once again, migrant workers expressed the greatest need for dental care, Spanish-speaking

Table 35. Ten Most Needed Health Services (Q30)

Services	Percent (N=408)
Dental care	21.8
Spanish-speaking health professionals	21.6
One doctor caring for entire family	15.7
Health services available nights and weekends	14.7
Emergency care services	12.0
Doctors and medical facilities closer to home	11.3
First aid training	8.6
Daycare and babysitting services (N=201)	4.2
Mental health or psychiatric services	2.9
Nutrition information and classes	2.9

health professionals, one doctor caring for the entire family, and health services on nights and weekends. This list, however, demonstrates the importance of some other items. Emergency services, first aid training, and day care for families with children are among the most needed services.

Those who indicated they would use a specific service were asked if they knew where the service was available. The proportion who knew where it was available ranged from 10 percent, for transportation, to 36 percent for dental care. The majority of those stating they needed a service did not know where it was available.

In addition, as discussed in Chapter IV, many migrants expressed a need for improved environmental conditions such as better sewage and garbage disposal, running water in the home, and indoor flush toilets.

Important Health Needs Not Recognized by Migrants

The data indicate that there are some other unmet needs which are not perceived to be important by the migrants. These include alcoholism counseling, mental health services, and family planning. There are indications that alcohol abuse is a hidden problem (Chapter VI), yet drug and alcoholism counseling ranks last among the services that the migrants report they would use. Similarly, although one out of five workers claimed that problems such as nervousness, trouble sleeping, and low spirits bothered them very much (Chapter VI), mental health services and family counseling ranked very low on the list of services that would be used. Comparable results were obtained in the case of family planning. As seen in Chapter V, the average number of children per household was 4.[illegible] and the expected number of children was 5.0. Over one-third of the women had not used any form of contraception,

Preventive care includes blood pressure checks.

and family planning was very low on the list of health services that migrants reported they would use.

Finally, another unperceived need involves preventive health care, particularly in terms of general physical examinations. Fifty-two percent of the workers had not had a physical checkup within the past two years; forty-eight percent of them had not been to a doctor or clinic within the past year; and an amazingly high 30 percent of the workers had never had a routine physical examination (Chapter IV).

Summary

- The five health services migrants would use the most are:

Dental Care	59 percent
Clinics and doctors available nights and weekends	56
Doctors and medical facilities closer to home	53
Spanish-speaking health professionals	53
Emergency care services	46

- Environmental improvements such as better sewage and garbage disposal were mentioned by half of the workers.
- The study has presented evidence that a number of important unmet health needs are not recognized as such by the migrants. These include mental health and psychiatric services, marital and family counseling, drug and alcoholism counseling, family planning services, and preventive health care.

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Appendix A

Summer 1978

Department of Rural Sociology
University of Wisconsin-Extension
Madison, WI 53706

Office No.:___ ____

Family No.:________

WISCONSIN MIGRANT HEALTH SURVEY

Intv. No.: ________

SCHEDULE A

County:____________________

Interviewer: ________________________ Date:__________ Time Started___________ am pm

ASK FOR RESPONDENT FIRST, THEN FOR WOMAN UNDER 50. IF NEITHER AT HOME, GET FOLLOWING INFORMATION FROM ANY ADULT.

We have been asked to find out from migrant workers who come to Wisconsin some information about their health needs, and their opinions on obtaining health care in this area. You have been scientifically selected to represent migrants in this area.

First of all, could you please tell me who lives in this household? Let's start with the head of the household. From oldest to youngest, please give me their first name, relationship to head, sex, and age. Are there any (other) "married" women under 50? (IF YES, CHECK BOX)

Which household members work at this camp? Is that full time, part time, or occasional work? (FOR CHILDREN) Are they in summer school now or are they working?

*Nosotros estamos haciendo un estudio sobre las necesidades de la salud de los trabajadores que vieren al Estado de Wisconsin, y quisieramos opiniones sobre el cuidado de la salud. Su casa ha sido escojida científicamente para representar la gente acá.

*Para comenzar, me podría decir, por favor, quienes viven en esta casa? Podemos comenzar con el jefe de la casa. Desde el mayor hasta el menor, por favor deme sus primeros nombres, las relaciones al jefe de la familia, sexo y edad. Hay (otras) mujeres "casadas" menores de 50 anos que viven aca? (IF YES, CHECK BOX)

*Cuáles personas en esta casa trabajan en este campo? Trabajan una jornada completa, una jornada parcial o solamente trabajan de vez en cuando? (FOR CHILDREN) Están los niños en una escuela para el verano, o están trabajando actualmente?

LIST ALL PERSONS 16 OR OLDER

R ✓	First Name	Relationship to Head	Sex	Age	♀ <50 ✓	Works Yes= ✓	Full(F) Part(P) Occas(O)
		Head					

LIST ALL CHILDREN UNDER 16

First Name	Relationship to Head	Sex	Age	S= School W= Work

MAKE OUT NEW COVER SHEET FOR EACH ELIGIBLE FEMALE.

Thank you. I would like to speak to (R) ____________________. I would like to ask you some questions. You are not obligated to answer any questions you do not wish to, and can feel free to stop the interview at any time. All information will be completely confidential, and will just be combined with other families for a statistical analysis. In addition, identifying information will be removed from the interview so that no one will know which specific family the interview is from.

*Muchas gracias. Quisiera hablar con _______________. Me gustaría hacerle algunas preguntas. Ud. no tiene que responder ninguna de las preguntas; sí asi lo desea podemos terminar esta entrevista cuando Ud. lo vea conveniente. Toda esta información es confidencial y será combinada con la de otras familias para hacer el estudio final. También, toda información que identifica a una familia en particular será eliminada de modo que nadie va a saber cual familia ha sido entrevistada.

1. In general, would you say your own health is excellent, good, fair, or poor?
   *En general, diría Ud. que su salud es excelente, buena, regular o mala?

   ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't know

2. Do you have any chronic illness, disability or health problem?
   *Tiene Ud. alguna enfermedad cronica, incapacitación o algun problema de salud?

   ☐ Yes ↓ ☐ No GO TO Q3

   2a. What kind of health problem is this?
   *Qué clase de problema tiene?

   (PROBE FOR NAME OF ILLNESS, SYMPTOMS, BODY PART AFFECTED. RECORD ON CHART, IF MORE THAN ONE CONDITION, ASK FOR EACH ONE).

   2b. Are you seeing a doctor about this condition?
   *Buscó Ud. atención médica, o vió Ud. a un médico?

   (RECORD ON CHART BELOW)

   2c. How long have you had this condition or health problem?
   *Hace cuánto tiempo sufre de este problema?

   (RECORD BELOW)

(2) Illness or Health Problem	(2a) Symptoms, Body Part Affected	(2b) Seeing Doctor		(2c) How long condition existed
		Yes	No	
		Yes	No	
		Yes	No	

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3. Concerning your own (R) health, do each of the following conditions bother you very mucn, some or not at all?
*Hablando de su salud, cuáles de los siguientes problemas le molestan? Mucho, a veces o nunca?

(CHECK APPROPRIATE RESPONSE)

	Mucho Very Much	A veces Some	Nunca Not at all
A. eye trouble - problemas de los ojos	____	____	____
B. ear trouble - problemas de los oidos	____	____	____
C. tooth or gum trouble - problemas de los dientes o con las encias	____	____	____
D. shortness of breath - dificultad de respirar	____	____	____
E. pain in the chest - dolores del pecho	____	____	____
F. coughing - la tos	____	____	____
G. high blood pressure - presión alta	____	____	____
H. sinus trouble - sinus	____	____	____
I. asthma - asma	____	____	____
J. allergies or hay fever - alergia o fiebre de heno	____	____	____
K. swollen joints - coyunturas hinchadas	____	____	____
L. backache - dolor de espalda	____	____	____
M. trouble sleeping - falta de sueño	____	____	____
N. irritability - irritable, fastidiado	____	____	____
O. stomach pains - dolores de estomago	____	____	____
P. kidney trouble - problemas de los riñones	____	____	____
Q. bladder trouble - problemas de la vejiga	____	____	____
R. nervousness - nervios	____	____	____
S. arthritis - artrítis o reumatismo	____	____	____
T. rashes - irritacion de la piel - brotes	____	____	____
U. low spirits - depresión o ánimo deprimido	____	____	____
V. headaches - dolores de cabeza	____	____	____
W. menstrual troubles (females only) - problemas con la menstruación	____	____	____
X. diabetes - diabetes	____	____	____

4. During the past year, did you go to a doctor or clinic for health care?
*Durante el ultimo año, visitó Ud. una clínica o consultó a un médico para cuidado de la salud?

☐ Yes ☐ No GO TO Q5 (FILL IN CHART BELOW)

4a. What was the name of the doctor(s) or clinic(s)?
*Cómo se llamaba el médico o la clínica?

4b. Was this a private doctor, clinic, outpatient department of a hospital, hospital emergency room, or what?
*Fué un médico particular, clínica, un departamento de pacientes externos, sala de emergencia de un hospital u otra fuente de atención médica?

4c. Where was this located? (city, state)
*Dónde se encuentra eso?

4d. What was the problem?
*Qué fué el problema?

4a. Name of doctor or Clinic	4b. CHECK ONE					4c. Location City/State	4d. Problem
	Private doctor	Clinic	Outpatient dept of hospital	Hospital Emergency room	Other (specify)		

4e. Did you go to another doctor or clinic for health care?
*Consultó Ud. en otra clínica o con otro médico?

☐ Yes (Interviewer, repeat questions and fill in another line.)

☐ No

5. During the past year, did you stay in a hospital overnight?
*Durante el último año, estuvo Ud. internado en un hospital? Cual fue el problema?

☐ Yes → What was the problem? ______________________________
*Cuál fué el problema?

☐ No

6. How long ago did you have a physical exam or check-up when you were not sick?
*Hace cuanto tiempo que le hicieron un chequeo o examen general sin estar enfermo?

☐ Never Or ____________________
(Days, Weeks, Months, Years)

7. At any time during the last two weeks, did you have an illness or injury that caused you to stay in bed, or miss work, or otherwise cut down on activities for at least most or all of a day?
*Durante las últimas dos semanas, sufrió Ud. de una enfermedad o herida que le causó pasar tiempo en cama, o perder trabajo, o cortar sus actividades por lo menos un día?

Yes   No   GO TO Q8

7a. What exactly was this problem? (SPECIFIC ANSWER)
*Cuál fué el problema?

____

____

7b. How many days over the last two weeks, if any, did you stay in bed most or all of the day because of this problem?
*Durante estas dos últimas semanas, cuántos días pasó Ud. en cama a causa de este problema?

None   ____________(number of days)

7c. During the last two weeks, how many days of work at a paying job (or housework, or days of school) did you miss in whole or part because of this problem?
*Durante estas dos últimas semanas, cuántos dias de trabajo en el campo (o en la casa o de escuela) perdió Ud. a causa de este problema?

None   ____________(number of days)

7d. (Not counting days in bed or missed work) How many other days, if any, over the last two weeks did you cut down or restrict usual activities because of this problem?
*Sin contar los dias en cama o dias de trabajo perdidos, cuántos dias en estas dos semanas últimas tuvo Ud. que cortar sus actividades normales a causa de este problema?

None   ____________(number of days)

7e. What did you do about this problem?
*Qué hizo Ud. acerca de este problema?

(PROBE: Consult a doctor, consult other healer, self-treatment, etc.)

Nothing

Explain: ____

____

____

8. Was there any time over the last 12 months when you couldn't go about your normal activities, for at least 2 days, because of an illness or accident (for women, omit normal pregnancy)?
*Durante estos últimos doce meses, hubo algún tiempo cuando Ud. no pudo hacer sus actividades normales por lo menos dos días a causa de una enfermedad o herida (excepto de partos normales)?

Yes   No   GO TO Q9

8a. Why? Por qué?

Accident (type) ____

Cold, Flu ____

Other (explain) ____

9. What is your height? ______________(feet, inches/metros, cent.)
*Cuánto mide Ud.?

10. What is your weight? ______________(pounds/kilos)
*Cuánto pesa Ud.?

11. Are you missing any fingers, toes or limbs? ☐ Yes ☐ No
*Le falta alguno de los miembros, dedos, dedos del pie?

12. How often would you say you have back trouble: frequently, occasionally, seldom or never?
*Sufre Ud. de problemas de la espalda: Frecuentemente, de vez en cuando, poco o nunca?

☐ Frequently ☐ Occasionally ☐ Seldom ☐ Never

13. Do you smoke cigarettes, cigars, or a pipe?
*Fuma Ud. cigarrillos, puros o pipa?

☐ Cigarettes ↓ ☐ Cigars ↓ ☐ Pipe ↓ ☐ Don't smoke → GO TO Q14

13a. About how much are you smoking per day, now?
*Cuánto fuma Ud. diario?

__________(#) Packs/cigarettes __________(#) Cigars

__________(#) Pipefuls/tobacco

14. In your experience as a migrant worker, have you every felt you had some health problem that was due to pesticides or insecticides?
*En su experiencia como trabajador migrante, ha sentido Ud. un probleme de salud relacionado al uso de pesticidas o insecticidas?

☐ Yes ↓ ☐ No GO TO Q15

14a. What was that?
*Podría explicarlo? ____

____

____

Now, let me ask you some questions about your use of health services in Wisconsin.
*Ahora, permítame hacerle algunas preguntas sobre el uso de servicios médicos acá en Wisconsin.

15. Have you ever used health services in Wisconsin?
*Usó Ud. los servicios de salud en Wisconsin?

☐ Yes ↓ ☐ No GO TO Q16

15a. What health service did you use? (READ LIST)
*Qué servicio utilizo Ud.?

15b. How many times was that?
*Cuántas veces?

15c. What year was that?
*En que año fue?

		Number of Times	Year(s)
Hospital	* Hospital	____	____
Private doctor	* Médico particular	____	____
Clinic, public	* Clínica pública	____	____
Clinic, private	* Clínica particular	____	____
La Clínica de los Campesinos		____	____
Other (Explain ______________ *Otro (Explique)		____	____

16. Here are some possible reasons for not seeing a doctor. Thinking over your experiences, have any of the following reasons kept you from seeing a doctor during the past year?
*He aquí algunas de las razones por las que uno no va a un médico. Piense si algunas de estas razones le han impedido ir a un médico durante el ultimo año?

a.	I don't know what doctor to go to * No se a que médico ver	Yes	No
b.	I can't afford it * No tengo para pagarlo	Yes	No
c.	I would lose pay or income from work * Perdería ingresos de mi trabajo	Yes	No
d.	I have no transportation * No tengo transporte	Yes	No
e.	I am unable to get there at time service is offered * No puedo llegar durante las horas de servicio	Yes	No
f.	The doctor's office is too far away * El consultorio está muy lejos	Yes	No
g.	It takes too long to get an appointment * Demora mucho tiempo conseguir una cita	Yes	No
h.	I can't speak English * No hablo inglés	Yes	No
i.	Some members of the family won't allow it * Algunos parientes no me permiten ir	Yes	No
j.	There is no one to look after my children * No tengo a nadie que cuide a mis hijos	Yes	No
k.	My family or friends have had previous bad experiences * Mi familia o mis amigos han tenido malas experiences	Yes	No
l.	I'm afraid of what the doctor might find * Tengo miedo de que el médico encuentre algo	Yes	No
m.	I feel uncomfortable with doctors * No me siento cómodo con los médicos	Yes	No
n.	I don't like to bother the doctor unless it's necessary * No me gusta molestar al médico al menos que sea necesario	Yes	No

Here are some additional reasons why people don't go to doctors. Have any of these reasons kept you from seeing a doctor?
*He aqui otras razones adicionales por las que uno no va al médico. Alguna de estas razones ha impedido a Ud. ver al médico?

a.	I don't belive in doctors * No creo en los médicos	Yes	No	
b.	I believe in sources of healing other than doctors * Creo en otras formas de curacion que los médicos (specify) ____________________	Yes	No	Some Times
c.	I don't need doctors. I can treat my own health problems * No necesito de los médicos; puedo tratar mis problemas solo	Yes	No	
d.	I'm never sick * Nunca me enfermo	Yes	No	
e.	Other reasons (specify) * Otras razones ________________________	Yes	No	

17. Health care also includes dental care. Now I'd like to ask you some questions concerning dental care. When was the last time you went to the dentist?
*El cuidado de la salud tambien incluye la salud dental. Ahora quisiera preguntarle acerca del cuidado dental. Cuándo fué la última vez que vió a un dentista?

__________years ago ↓ ☐ Never GO TO Q19

17a. Was this for treatment or preventive care?
*Fué para un tratamiento o un cuidado preventivo?

☐ Treatment ☐ Preventive ☐ Both

17b. When was the last time you had your teeth cleaned and checked by a dentist?
*Cuándo fué la última vez que le hicieron una limpieza y examen general de sus dientes?

__________years ago ☐ Never

18. Have you ever been to a dentist in Wisconsin?
*Ha visto a un dentista en Wisconsin?

☐ Yes ↓ ☐ No GO TO Q19

18a. When was that? *Cuándo fué eso? ____________________

18b. Where was that? *Dónde fue eso? ____________________

18c. How did you pay for it? *Cómo pago Ud.? (CHECK ALL THAT R MENTIONS)

☐ Title 19 (Medicaid, Wis. Medical Assist.) ☐ Out of pocket ☐ Insurance ☐ No charge

Other: ____________________

19. Do you think you need dental care now?
*Cree Ud. que necesita atención dental en este momento?

☐ Yes ↓ ☐ No GO TO Q20 ☐ Don't know GO TO Q 20

19a. For what reason(s) are you not going to a dentist?
*Por que razón no va al dentista? ____________________

____

☐ Inap Seeing dentist now

20. Do you wear glasses (contact lenses) any of the time?
*Usa Ud. lentes (lentes de contacto) por algún motivo?

☐ Yes (wear glasses) ☐ No GO TO Q23

21. Do you wear glasses (contact lenses) nearly all of the time, or just to read, or drive, or what?
*Usa Ud. lentes (lentes de contacto) casi todo el tiempo, o solo para leer, manejar, o para que?

( ) Wear them nearly all of the time
( ) Reading, sewing, other close work
( ) Driving, watching TV
( ) Working (safety glasses)
( ) Other (Explain): ____________________

22. Where did you get your last pair of glasses? Were you given a prescription by an eye doctor, go to a store specializing in eye glasses, shop around until you found a pair that helped, or what?
*Dónde consiguió Ud. sus ultimos lentes? Se los recetó un médico, los compró en una tienda especializada, o buscó en varios sitios hasta que encontró un par que le quedaba bien?

( ) Fitted: prescription by eye doctor (Ophthalmologist, optometrist, oculist)
( ) Fitted: by optician; in store
( ) Shopped around
( ) Other (SPECIFY): ______________________________

23. When was the last time you had your eyes or vision checked by an eye doctor, optometrist, or other eye specialist?
*Cuándo fué la última vez que un oculista, optometrista u otro especialista de los ojos le revisó la vista?

__________ (Years ago) Never

24. Have you been having any problems with your eyes which makes you think that maybe you should get your eyes checked by an eye doctor?
*Ha tenido problemas con sus ojos que le hacen pensar que debería consultar a un especialista de los ojos?

Yes No GO TO Q25

24a. For what reason(s) haven't you gone yet? ______________________________
*Por qué razón no ha ido?
____
____

25. Problems often come up in life. Sometimes they're personal problems. Sometimes they're problems in a marriage. Or sometimes it's a personal problem with a child or a job. I'd like to ask you a few questions now about what you think a person might do to handle problems like this.

For instance, let's suppose you had a lot of personal problems and you're very unhappy all the time. Let's suppose you've been that way for a long time, and it isn't getting any better. What do you think you'd do about it?

*La vida está llena de dificultades. A veces son problemas personales, a veces son problemas matrimoniales, otras veces son problemas con un hijo o con el trabajo. Me gustaría preguntarle cómo puede una persona confrontar esos problemas?

*Por ejemplo, supongamos que Ud. tiene problemas personales y que no está feliz. Tambien supongamos que esta situación es más bien constante y no mejora de ninguna manera. Qué haría Ud. en este caso?

( ) Talk to my spouse	* Hablaría con mi esposo
( ) Talk to a relative	* Hablaría con un pariente
( ) Talk to a friend	* Hablaría con un amigo
( ) Do nothing (handle by self)	* Nada
( ) Talk to a doctor ⎤ GO TO Q26	*Hablaría con un médico ⎤ GO TO Q26
( ) Talk to a priest ⎦	*Hablaría con un cura ⎦

Other (Explain) ______________________________

25a. (IF PROFESSIONAL MENTIONED GO TO Q26. OTHERWISE ASK)

Suppose these problems didn't get better no matter what you tried to do about them yourself, and you felt you had to have some counseling. Do you know of anyone or any place around here where you could find help?
*Supongamos que la situación no mejora por más que trata de solucionarla solo, y entonces Ud. decide buscar alguien que le aconseje. Conoce Ud. alguna persona o algún lugar cerca a donde Ud. podría buscar ayuda?

Yes No GO TO Q26

25b. Where is that?
*Dónde está eso? ______________________________
(SPECIFY)

26. Do you have any trouble with your nerves?
*Tiene Ud. problemas con los nervios?

Yes No GO TO Q27

26a. How does that affect you?
*Cómo le afecta eso? ______________________________

26b. Are you taking any medication or pills for your nerves?
*Está Ud. tomando medicinas para los nervios?

Yes No

26c. During the past 12 months, have you been seeking help for nervous troubles or emotional problems?
*Durante los ultimos doce meses, ha buscado ayuda para sus problemas nerviosos o emocionales?

Yes No

27. Do you drink alcoholic beverages (incl. beer) often, occasionally, seldom, or never?
*Toma Ud. bebidas alcoholicas (cerveza inclusive) frecuentemente, ocasionalmente, muy rara vez o nunca?

Often Occasionally Seldom Never GO TO Q28

27a. Have you ever had difficulty because of too much drinking?
*Ha tenido Ud. problemas por el uso excesivo del alcohol?

Yes No Don't know

28. Would you please tell me whether you agree or disagree with the following statements:
*Por favor, digame si Ud. está de acuerdo o no con lo siguiente:

	Agree	Disagree
A. I have great faith in Anglo doctors. *Tengo mucha fé en los médicos que sean Anglos.	___	___
B. In general, I think doctors do a good job. *En general, creo que los médicos trabajan bien.	___	___
C. Good health is in the hands of God. *La buena salud está en las manos de Dios.	___	___
D. There is much a person can do to keep from becoming sick. *Hay muchas cosas que uno puede hacer para no enfermarse.	___	___
E. Curanderos are very good for certain kinds of problems. *Los curanderos son buenos para ciertas clases de problemas.	___	___
F. If a person works at it he can stay in good health. *Si uno quiere puede mantener una buena salud.	___	___
G. When there are colds going around I am sure to get one no matter how much I try to avoid it. *Durante la época de resfriados no importa lo que haga para evitarlo como quiera, me resfrío.	___	___
H. If you are going to get sick, you are going to get sick; no use worrying about it. *Si uno se va a enfermar, se va a enfermar; así que no hay por que preocuparse.	___	___
I. As long as you feel all right, there is no reason to go to a doctor. *Mientras uno se sienta bien, no hay razón para ir al médico.	___	___
J. I would rather not go to a doctor unless I have to. *Prefiero no ver un médico a menos que lo necesite mucho	___	___
K. Even if a person is not sick, he should see a doctor at least once a year for a routine check-up. *Una persona debe ir al médico una vez al año para un chequeo de rutina aunque no esté enferma.	___	___

29. We are interested in finding out whether or not people are getting the kinds of health care they need. Here is a list of different health services. As I read the list, please tell me which of these services you or someone in your household is now using.
*Nos interesa saber si la gente recibe la clase de atención medica que necesita. Aquí hay una lista de los distintos servicios de salud. Mientras leo la lista, por favor digame de cuales servicios Ud. o un miembro de su familia usan.

(CHECK ANSWER BELOW)

29a. (IF NOT USING) Would you or someone in your household use this service if it were available?
*Usaría Ud. o alguien de su casa este servicio si fuera disponible?

(CHECK ANSWER BELOW)

29b. (IF YES TO 29a) Do you know where this service is available to you in this area?
*Sabe Ud. dónde buscar este servicio en esta area?

(CHECK ANSWER BELOW)

	29 Using IF NO→	29a. Would use IF YES→	29b. Where
A. Dental care * Servicios dentales	Yes No	Yes No	Yes No
B. Family planning services *Servicios para la planificación de la familia	Yes No	Yes No	Yes No
C. Mental health or psychiatric services * Servicios para la salud mental o psiquiatrica	Yes No	Yes No	Yes No
D. Marriage/family counseling * Consejeros matrimoniales y familiares	Yes No	Yes No	Yes No
E. Drug and alcoholism counseling * Consejeros para problemas de alcoholismo o drogas	Yes No	Yes No	Yes No
F. Day care/babysitting services * Servicios de guarderia infantil	Yes No	Yes No	Yes No
G. Home visits by public health nurse before/after birth of child *Visitas al hogar de una enfermera de la salúd pública antes y despues de un parto	Yes No	Yes No	Yes No
H. Nutrition information/classes * Clases e información sobre la nutrición	Yes No	Yes No	Yes No
I. Expectant parent classes * Clases para futuros padres	Yes No	Yes No	Yes No
J. First aid training * Entrenamiento en primeros auxilios	Yes No	Yes No	Yes No
K. Chiropractic clinics & Services * Clinicas y servicios quiropracticos	Yes No	Yes No	Yes No
L. Spanish speaking health professionals * Médicos y otra gente profesional que hablan español	Yes No	Yes No	Yes No
M. Visiting nursing services * Servicios de una enfermera en el hogar	Yes No	Yes No	Yes No
N. Inmunization clinics * Clinicas de vacunación	Yes No	Yes No	Yes No
O. Emergency care services * Servicios de emergencia	Yes No	Yes No	Yes No
P. One doctor taking care of the whole family * Un médico que cuida a toda la familia	Yes No	Yes No	Yes No
Q. Better transportation to health facilities * Mejor transporte a los centros de salud	Yes No	Yes No	Yes No
R. Clinics and doctor's offices open nights and weekends *Clínicas y consultorios abiertos en las noches	Yes No	Yes No	Yes No
S. Doctors and medical facilities located closer to home *Médicos y facilidades médicas cerca al hogar	Yes No	Yes No	Yes No
T. Better garbage and rubbish disposal * Mejores servicios de disposición de basura	Yes No	Yes No	Yes No
U. Better sewage disposal * Mejor sistema de desague	Yes No	Yes No	Yes No

30. From the ones you have mentioned that you would use, please tell me which two are most needed by you and your family.
*De los que Ud. mencionó que usarían, por favor digame cuales dos necesitan más Ud. y su familia.

(READ YES ANSWERS FROM 29a. AND RECORD LETTERS BELOW

1. ______________ 2. ______________

31. Would you please tell me whether you have ever heard of the following programs and organizations that work with migrant workers in Wisconsin.
*Me podría decir si ha escuchado Ud. sobre programas y organizaciones siguientes que trabajan con trabajadores migrantes en Wisconsin.

(READ LIST - CHECK ALL THAT APPLY. FOR THOSE HEARD OF, ASK Q30a)

31a. Have you personally ever had any contact with (name each program heard of)?
*Ha tenido Ud. algún contacto personal con estos programas?

(IF YES ASK Q31b)

31b. Were you satisfied with the help or service they gave you?
*Estuvo Ud. satisfecho con la ayuda o servicio que le prestaron?

	31 Heard of IF YES→	31a. Contact IF YES→	31b. Satisfied
UMOS (United Migrant Opportunity Services, Inc.)	Yes No	Yes No	Yes No
La Raza Unida	Yes No	Yes No	Yes No
La Clínica de los Campesinos	Yes No	Yes No	Yes No
Texas Migrant Council * Consejo de Migrantes de Texas	Yes No	Yes No	Yes No
County Public Health Dept. * Departamento del Condado de Salud Publica	Yes No	Yes No	Yes No
Migrant Summer Education Program * Programa Educacional del Verano para Migrantes	Yes No	Yes No	Yes No
Migrant Legal Services * Servicios Legales para Migrantes	Yes No	Yes No	Yes No
Food Stamp Program * Estampillas de Comida	Yes No	Yes No	Yes No
WIC (Women, Infant and Child Nutrition) Program	Yes No	Yes No	Yes No
Migrant & Rural Services (Job service) * Servicios Rurales para Migrantes	Yes No	Yes No	Yes No
______________________________	Yes No	Yes No	Yes No

31c. Would you like to comment?
*Le gustaría hacer algún comentario?

____

____

31d. Are there other organizations in Wisconsin that you have had contact with?
*Hay otras organizaciones en Wisconsin con que Ud. ha tenido contacto?

☐ Yes ↓ ☐ No GO TO Q32

31e. Which ones?
*Cuáles? ______________________________

____

____

32. Have you had problems getting good health care in Wisconsin due to language difficulties?
*Ha tenido Ud. problemas para obtener servicios de salud debido a dificultades con el idioma?

Yes　　No　SKIP TO Q33

32a. Would you say Rarely, Occasionally or Often?
*Diría Ud. Muy rara vez, Ocasionalmente o Frecuentemente?

33. Have you had difficulty getting good health care in Wisconsin due to discrimination against migrants?
*Ha tenido Ud. problemas para obtener buena atención médica por motivo de discriminación en contra de los migrantes?

Yes　　No　SKIP TO Q34

33a. Would you say Rarely, Occasionally, or Often?
*Diría Ud. Muy rara vez, Ocasionalmente o Frecuentemente?

34. Is it ever necessary to have family members or friends go with you to interpret?
*Es necesario que alguien que hable Inglés le acompane a ver el médico?

Yes　　No　SKIP TO Q 35

34a. Are these friends or family members?
*Son amigos o familiares?

34b. Are these adults or children?
*Son adultos o menores?

35. Is the doctor or members of the staff where you seek health care in Wisconsin bilingual in Spanish and English? By that I mean are they able to translate without problems in providing service to you?
*El personal del lugar a donde Ud. busca atención médica, o el médico que le atiende, habla Español? Es decir, son ellos capaces de traducir o entenderle para brindarle un buen servicio?

Yes　　No　　Never got care in Wisc.

36. When you receive written instructions are they in Spanish?
*Cuando Ud. recibe instrucciones escritas, están en Español?

Yes　　No
SKIP TO Q37

36a. If they are in English, do you need help to interpret them?
*Si están en Inglés, necesita Ud. ayuda para entenderlas?

Yes　　No

37. In an emergency, during the day, if someone here in this house were seriously hurt or suddenly became ill and needed help right away, who would you call, or where would you go, or what would you do?
*En caso de emergencia durante el día, si alguien aquí en la casa estuviera gravemente herido o de repente se pusiera muy mal y necesitara ayuda inmediata, a quién llamaría, donde iría Ud., o que cosa haría Ud.?

____

____

____

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38. How do you pay medical bills in Wisconsin?
*Cómo paga Ud. sus cuentas de atención medica acá en Wisconsin?

(CHECK ALL THAT R MENTIONS)

Government Insurance:

( ) Medicaid (Title 19, Wis. Medical Assistance)
( ) Medicare
( ) Migrant Health Funds (La Clínica, UMOS)

Private Insurance:

( ) Premium paid by employer
( ) Premium paid by you and employer
( ) Premium paid by you

GO TO Q39

( ) Out of pocket GO TO Q38a

Other (Explain): ______________________________ GO TO Q38a.

38a. If you do not have health insurance, is it because you couldn't afford it, weren't eligible to receive it, don't want it, or is there some other reason?
*Si Ud. no tiene seguro de salud, es porque no podía comprarlo, porque no era elegible para recibirlo, porque no quiere un seguro o por alguna otra razón?

Couldn't afford it   Weren't eligible   Don't want it

Other (Explain) ______________________________

39. When you have been in Wisconsin has any member of your family ever been refused medical care, or admission to a hospital because you didn't have insurance or were unable to pay immediately?
*Desde que Ud. vive en Wisconsin, rechazaron a algún miembro de su familia o le negaron admisión a un hospital o a algún tipo de servicio por falta de un seguro o porque no pudo pagar immediatamente?

Yes   No SKIP TO Q40

39a. What service was this?
*Cuál servicio era ese? ______________________________

40. Have you ever had to borrow money to pay a doctor or hospital bill in Wisconsin?
*Alguna vez ha tenido que pedir prestado dinero para pagar cuentas del hospital o de médicos aquí en Wisconsin?

Yes   No

41. In Wisconsin, has there been any medical or health care service which some member of the family needed, but didn't get because you couldn't afford it?
*En Wisconsin durante el año pasado, necesitó algún miembro de su familia de los servicios de salud o médicos, pero no pudo conseguirlos por falta de dinero?

Yes   No SKIP TO Q 42

41a. What service was this?
*Qué servicio era? ______________________________

Now we'd like to get some background information to help us interpret the results of this study.
*Ahora me gustaría conocer otra información para ayudarnos a interpretar los resultados de este estudio.

42. Do you usually live in Wisconsin or some other state when not working as a migrant?
*Normalmente vive Ud. en Wisconsin o en otro estado cuando no está trabajando como migrante?

Wisconsin ↓ Texas ↓ Other state or country ________________

In or near what city:
*En qué ciudad?

____

42a. Do you consider ________________ your home?
(state)
*Ud considera ________________ su estado de residencia?

Yes GO TO Q43

No ↓

42b. What place do you consider your home? ________________________
*Qué lugar considera su hogar?

43. In what month did you arrive in Wisconsin this year? ________________ Stayed in Wisconsin all year GO TO Q45
*En qué mes llegó Ud. a Wisconsin?

44. How many members of your family travelled with you to Wisconsin? __________
*Cuántos parientes suyos llegaron con Ud. a Wisconsin?

44a. How many non-relatives travelled with you? __________
*Cuántas personas que no sean parientes llegaron con Ud. a Wisconsin?

45. Have you worked in Wisconsin before this year?
*Trabajó Ud. en Wisconsin antes de este año?

Yes ↓ No GO TO Q47

45a. How many years have you been coming to Wisconsin? (not including this year?) __________
*Cuántos años ha venido Ud. a trabajar en Wisconsin? (sin incluír este año?) (years)

46. Have you or a member of your family worked for this employer (on this farm) before?
*Trabajó Ud. o un miembro de su familia para este empleador antes?

Yes No

47. Is your present job field work, cannery work, or both?
*Su trabajo actual está en el campo, en una canería o ambas cosas?

48. What crops are you now working on? ________________________
*En qué cosecha trabaja ahora?

49. How many years altogether have you been working as a migrant? (including this year)
*Cuántos años en total ha trabajado como migrante? (Este año inclusive)

________________ (number of years)

50. How did you get your present job? ____
*Cómo consiguió Ud. su trabajo actual?

51. Now I'd like you to think back over the past year. Since September 1977 to the present, during which months did you live in ______________________?
(home state: Q42)
*Ahora bien. Piense en el último año pasado. Desde Septiembre de 1977 hasta el presente, cuales meses pasó Ud. en ______________________
(CROSS OUT BOXES) (estado: Q42)

☐ NONE

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sept. 1977	Oct.	Nov.	Dec.	Jan. 1978	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug. 1978

52. Did you work in ______________________ during the past year?
(home state)
*Trabajó en ______________________ durante este año último?

☐ Yes ☐ No GO TO Q53

52a. What type of job was it? (GET SPECIFIC) ______________________
*Qué trabajo fué?

52b. Was it full or part time work? ☐ Full ☐ Part
*Fué jornada completa o parcial?

52c. During what months was that? ______________________
*Durante cuáles meses fué eso?

53. Did anyone else in your household work in the past year?
*Qué otras personas de su casa trabajaron el último año?

☐ Yes ☐ No GO TO Q54

53a. How many family members also worked? __________
*Cuántas personas trabajaron?

54. Do you or a member of your family own or rent the home you live in __________?
(home state?
*Es Ud. o algún miembro de su familia dueño de la casa donde vive o está alquilando?

☐ Own (buying) ☐ Rent ☐ Other ______________________

55. How long have you lived in ______________________ (home state)?
*Cuanto tiempo vivió en ______________________

☐ All my life __________ Number of years

55a. Where did you live before that? ______________________
*Dónde vivió antes? (City or county/state/country)

56. How many people usually live in your household in ______________? __________ (number)
*Cuántas personas viven generalmente en su casa en (home state)

57. How many, if any, of these people stayed at home while you were here? (adults and children)
*Cuántas personas se quedaron en casa mientras que Ud. estaba acá?

______________ (number) ☐ None

LIST HOUSEHOLD MEMBERS AND AGE FROM FRONT PAGE: OLDEST TO YOUNGEST

Now I would like to ask you some questions about you and the members of your household who are with you in Wisconsin.
*Ahora quisiera preguntarle acerca de Ud. y los miembros de su casa quienes están con Ud. en Wisconsin.

58. Starting with yourself, where were you born?
*Comenzando por Ud. Dónde nació?

REPEAT PLACE OF BIRTH FOR EACH MEMBER

59. I would like to get some educational background for each member. How many years of school have you completed?
*Me gustaria más información sobre el nivel de educación de las personas en su casa. Cuantos años completó Ud. en la escuela?

59a. Have you had any vocational education?
*Estudió en una escuela vocacional?

59b. (IF UNDER 25 YEARS OLD)
Did you attend school last winter?
*Asistió a la escuela el invierno pasado?

REPEAT ALL OF Q 59 FOR EACH MEMBER

60. What is your marital status?
*Está Ud. casado?

REPEAT FOR EACH MEMBER DOWN TO AGE 16. ASK:

Is anyone else married?
*Otras personas acá están casadas?

61. Now I would like to find out what language is spoken most often by each member of your family. What language do you speak most often?
*Ahora me gustaría saber cual idioma se habla más entre las personas de su casa. Cuál idioma habla más seguido?

61a. Do you write this language?
*Escribe Ud. en ese idioma?

62. Do you speak any other language? What language is this?
*Habla Ud. otro idioma? Cuál idioma es?

62a. Do you write this language?
*Escribe Ud. en ese idioma?

REPEAT ALL OF Q61 and Q62 FOR EACH MEMBER

First Name			
Age			
Birth Place 58.			
School years completed 59.			
Voc.Ed. 59a.	Yes No	Yes No	Yes No
Winter 59b.	Yes No	Yes No	Yes No
60.	Sing. Marr/Cl Sep Div Wid	Sing. Marr/Cl Sep Div Wid	Sing Marr/Cl Sep Div Wid
61. Lang. 1	Sp Eng	Sp Eng	Sp Eng
Write 61a.	Yes No	Yes No	Yes No
Lang. 2 62.	None Sp Eng	None Sp Eng	None Sp Eng
Write 62a.	Yes No	Yes No	Yes No

Page 18 is omitted here. It contained space for answers to Q58-62 for nine additional household members.

63. What is your ethnic heritage?
*De dónde son sus antepasados?

Mexican Spanish Puerto Rican Cuban Black

Other → (SPECIFY) ____________

63a. What is your spouse's ethnic heritage? * De su esposo? No Spouse GO TO Q 64

Mexican Spanish Puerto Rican Cuban Black

Other → (SPECIFY) ____________

64. What is your religious preference, if any?
*Cuál es su preferencia religiosa, si es que la tiene?

None Protestant Catholic Jehovah's Witness

Other → (SPECIFY) ________________

65. About how often do you usually attend religious services?
*Con qué frecuencia asiste Ud. a servicios religiosos?

65a. In ____________? (home state)	65b.. ....in Wisconsin?
( ) Once a week or more	( ) Once a week or more
( ) Two or three times a month	( ) Two or three times a month
( ) Once a month	( ) Once a month
( ) A few times a year or less	( ) A few times a year or less
( ) Never	( ) Never

66. Is it important to you to have a Spanish-speaking priest or minister available while you are in Wisconsin?
*Le importa a Ud. tener un cura que hable espanol acá en Wisconsin?

Yes No GO TO Q67

66a. Is one available? Yes No
*Existe uno?

67. How often do you get together informally with relatives while you are in Wisconsin?
*Con que frecuencia se visita con sus parientes mientras que Ud. está en Wisconsin?

( ) Once a week or more
( ) Two or three times a month
( ) Once a month
( ) A few times a year or less
( ) Never

68. How often do you get together informally with friends while you are in Wisconsin?
*Con que frecuencia se reúne Ud. con sus amigos informalmente acá en Wisconsin?

( ) Once a week or more
( ) Two or three times a month
( ) Once a month
( ) A few times a year or less
( ) Never

102

69. How often do you go out for eating, drinking, dancing, or seeing a movie in Wisconsin?
*Con que frecuencia va Ud. a comer a un restaurante, a tomarse un trago, a bailar o a ver una pelicula acá en Wisconsin?

- ☐ Once a week or more
- ☐ Two or three times a month
- ☐ Once a month
- ☐ A few times a year or less
- ☐ Never

70. Do you read any newspapers regularly in Wisconsin?
*Lee Ud. los periodicos regularmente acá en Wisconsin?

☐ Yes ☐ No GO TO Q71

70a. Which ones? ____________________
*Cuáles?

71. Do you listen to any Spanish-speaking radio programs in Wisconsin?
*Escucha algún programa de radio en Español acá en Wisconsin?

☐ Yes ☐ No GO TO Q72

71a. Which ones? ____________________
*Cuáles?

72. How many cars and/or trucks do you own? ______________ ☐ None
*Es Ud. dueño de un carro o camión?

73. Now I would like to get some information about the place you live in here. At present, how many family members are living in this unit?

*Ahora me gustaría información sobre la casa en donde vive Ud. actualmente, cuántas personas viven en esta casa? ______________ (number)

73a. Do you and your household members live in a:
*Viven Uds. en:

☐ room	* cuarto
☐ house	* casa
☐ trailer	* "trailer"
☐ dormitory	* dormitorio
☐ part of house (shared)	* comparten una casa
☐ other	* otro ______________

73b. Is this housing provided by the grower? ☐ Yes ☐ No
*Provée su empleador este alojamiento?

74. Next, I will read a list of items, and I would like to know if you have each in your (room/house).
*A continuación, les voy a leer una lista de varias cosas, y quisiera saber si los tiene en su (casa/cuarto).

A.	Hot running water	* agua caliente	Yes	No
B.	Cold running water	* agua fria	Yes	No
C.	Bathtub or shower with hot water	* bano o regadera con agua caliente	Yes	No
D.	Bathtub or shower with cold water	* bano o regadera con agua fria	Yes	No
E.	Flush toilet	* excusado con agua	Yes	No
IF NO:	Do you have access to a flush toilet?	* IF NO: Tiene acceso a un excusado con agua?	Yes	No
	...to an outhouse?	... a un excusado sin agua?	Yes	No
F.	A separate room for the bathroom	* un cuarto de baño separado	Yes	No
G.	Working mechanical refrigerator	* refrigerador que funciona	Yes	No
H.	Gas or electric burners	* hornillas de gas o electricas	Yes	No
I.	Gas or electric oven	* horno de gas o electrico	Yes	No
J.	Electricity in house	* corriente electrica en la casa	Yes	No
K.	Wood or coal burning stove	* cocina a lena o carbon	Yes	No
L.	Rooms with no windows	* cuartos sin ventanas	Yes	No
M.	Screens on all windows and doors	* tela en las ventanas y puertas	Yes	No

75. I have some additional questions about your (house/room).
* Tengo preguntas adicionales sobre su (casa/cuarto).

A.	How many separate rooms are there? (excluding kitchen and bath)	* Cuantos cuartos hay, excluyendo la cocina y bano?	______	
B.	How many people regularly sleep here?	* Cuantas personas duermen aca regularmente?	______	
C.	Does anyone sleep on a mattress on the floor, or on a makeshift bed?	* Duerme alguien en un colchon en el piso o en una cama provisional?	Yes	No
D.	How far is it to the nearest phone?	* Que tan lejos esta el telefono mas cercano? No Phone	______ (yds/mts)	
E.	Do you have a working radio?	* Tiene Ud. radio que funciona?	Yes	No
F.	Do you have a working television?	* Tiene Ud. televisor que funciona?	Yes	No
G.	How much rent do you pay per month?	* Cuanto de renta paga al mes?	$______	
H.	Do you pay extra for	* Paga Ud. extra para		
	... electricity?	... corriente (luz)?	Yes	No
	... gas?	... gas?	Yes	No
	... water?	... agua?	Yes	No
	... heat?	... calefaccion?	Yes	No
I.	What is the source of water here? ______	* De donde saca Ud. agua? ______		
J.	Is there a sewage system for the house?	* Hay un desague para la casa o cuarto?	Yes	No

76. How satisfied are you with your house here? Would you say very satisfied, somewhat satisfied, not satisfied?
*Esta Ud. satisfecho con su casa acá? Diria Ud. que está muy satisfecho, medio satisfecho o no esta Ud. satisfecho?

Very satisfied   Somewhat satisfied   Not satisfied

77. When you are working in the field and/or cannery, is there a source of drinking water?
*En su lugar de trabajo, en el campo o en una caneria, hay una fuente de agua para beber?

Yes   No

77a.	Is there a toilet?	* Hay un cuarto de baño?	Yes	No
77b.	Is there a place to wash your hands?	* Hay un lugar para lavarse las manos?	Yes	No

78. Do you plan to do farm work in Wisconsin next year?
*Piensa Ud. trabajar en el campo el año proximo en Wisconsin?

Yes   No

79. How many other members of your family will work in Wisconsin next year, as far as you can tell right now?
*Que Ud. sepa ahora cuantos miembros de su familia trabajarán en Wisconsin el año proximo?

________________ (number)

80. When do you plan to return to ________________ (home state)? ________________ (month, year)
*Cuando piensa Ud. regresar a

81. Have you thought of living in Wisconsin year-round?
*Penso Ud. vivir en Wisconsin todo el año?

Yes   No

81a. Would you like to comment?
*Algún comentario?   NO or ________________________________

____

82. Do you think you need training in order to get another type of work, or any type of assistance in locating a job to work in?
*Piensa Ud. que necesitaría ayuda o entrenamiento para cambiar su trabajo o buscar otro lugar de trabajo?

Yes   No GO TO Q83

82a. What type of assistance? ________________________________
*Que tipo de asistencia?

83. Did you or any member of your family receive any type of public assistance in the last year?
*Recibió Ud. u otro miembro de su familia algún tipo de asistencia pública durante este año ultimo?

Yes   No GO TO Q84

			83a.		State
83a.	Was that food stamps?	*Fue eso estampillas para comida?	Yes	No	______
	WIC?	*WIC?	Yes	No	______
	ADC/AFDC?	*ADC/AFDC?	Yes	No	______
	Unemployment compensation?	*Compensación de desempleo?	Yes	No	______
	Anything else?	*Otro?	Yes	No	______

(SPECIFY) ____

83b. (IF YES) What state(s) was this in? FILL IN COLUMN ABOVE
*En que estado fue?

94. Here are some of the ways in which people receive their yearly income. From which of these sources did you or anyone in the family receive income in 1977?
*He aqui una lista de las varias maneras por las cuales algunas personas reciben sus ingresos anuales. De cuales de esas fuentes utilizó Ud. u otros en su familia en el año 1977?

(READ LIST)

A. Wages or salary (income from employment) *Sueldos y salarios	Yes	No
B. Social Security or other retirement payments or pensions *Seguro Social, fondos de retiro o pensiones	Yes	No
C. V.A. Payments or Armed forces allotments *Pagos para veteranos o pagos de las Fuerzas Armadas	Yes	No
D. Interest, dividends or rental payments *Intereses, dividendos, o rentas	Yes	No
E. Public aid (Welfare) *Welfare	Yes	No
F. Unemployment compensation *Compensación de desempleo	Yes	No
G. Workmen's compensation *Compensación de obreros	Yes	No
H. Alimony or child support *Mantenimiento de divorcio o apoyo economico para el hijo	Yes	No
I. Friends or relatives *Amigos o parientes	Yes	No
J. Disability payments, SSI *Pagos para incapacitados, seguro social suplemental	Yes	No
K. Borrow from friends or relative *Pedir prestado de amigos o parientes	Yes	No
L. Borrow from loan agency or bank *Pedir prestado de un banco o agencia de prestamo	Yes	No
M. Other (SPECIFY)________________ *Otros	Yes	No

85. Just roughly, what was your total family income in 1977, considering all sources? Here is a card showing yearly income. Next to each amount is a letter. Would you tell me what letter represents your family income?
*Aproximadamente, cual fue el ingreso total familiar en 1977, considerando todas la fuentes de ingreso? Esta tarjeta tiene valores de ingreso anual. Cada cantidad esta marcada con una letra. Podría decirme que letra representa el ingreso total familiar?

SHOW CARD 1 AND CIRCLE LETTER MENTIONED)

CARD 1

A.	Under $1,000	H.	$7,000 - $7,999
B.	$1,000 - $1,999	I.	$8,000 - $8,999
C.	$2,000 - $2,999	J.	$9,000 - $9,999
D.	$3,000 - $3,999	K.	$10,000 - $14,999
E.	$4,000 - $4,999	L.	$15,000 - $19,999
F.	$5,000 - $5,999	M.	$20,000 or over
G.	$6,000 - $6,999		

86. How many people contributed to your family income in 1977, considering all types of income?
*Cuántas personas contribuyeron al ingreso familiar en el año 1977, considerando toda clase de ingreso? ______

87. How many people were dependent on this income in 1977?
*Cuántas personas vivían de este ingreso familiar en el año 1977? ______

88. What percentage of your 1977 family income is from migrant work, approximately?
*Qué porcentaje de su ingreso familiar en el año 1977 es del trabajo migratorio? ______ %

89. Finally, are there health or other needs that you would like to tell us about that we have not talked about?
*Finalmente, hay otras necesidades de la salud u otras que a Ud. le gustaría mencionar?

☐ Yes ☐ No

____

____

____

CHECK ONE:

( ) IF R IS MALE WORKER, ASK Q 90 AND THEN END INTERVIEW

( ) IF R IS FEMALE WORKER, UNMARRIED AND/OR OVER 50, ASK Q90 AND END INTERVIEW

( ) IF R IS FEMALE WORKER, MARRIED AND UNDER 50, GO TO BLUE MATERNAL SUPPLEMENT

* * * * * * * * * * * * * * * * *

IF R's FAMILY HAS MARRIED FEMALE(S) UNDER 50, FILL OUT NEW COVER SHEET(S).

Female Interviewers:	Ask to speak with her about her health, and conduct new interview using full Schedule B (white and blue sheets). Repeat for each eligible female.
Male Interviewers:	Give Cover Sheet(s) for eligible female(s) to female interviewer or supervisor. Explain to Respondent that a woman member of the survey team will come to interview his (wife/mother/daughter).

---

90. Do you or any member of your family need health care or social service now?
*Necesita Ud. o necesita otro miembro de su familia un servicio de salud social en este momento?

☐ Yes → Offer list of resources in area

☐ No

Thank you very much for your help in this survey.
*Muchisimas gracias por su colaboración en hacer este estudio.

MAKE SURE YOU COMPLETELY FILLED IN ALL DATA REQUESTED IN BOTH LISTING BOXES ON PAGE ONE.

INTERVIEWER'S SUPPLEMENT

1. Time interview ended. a.m. p.m. ____________

2. Interview primarily in ☐ English ☐ Spanish ☐ Both

3. (IF R REFUSED TO GIVE TOTAL FAMILY INCOME), Estimated Total Family Income for 1977).

$ ____________

4. R's cooperation was: ☐ Very good ☐ Good ☐ Fair ☐ Poor

5. R's sex is: ☐ Male ☐ Female

6. Other persons present at interview were: ☐ None ☐ Children under 6 ☐ Older children ☐ Spouse ☐ Other relative ☐ Other adults

(CHECK MORE THAN ONE BOX IF NECESSARY)

The Maternal Supplement is available upon request from the author.

Appendix B

Sampling Errors of Differences

The sample in this study is a proportionate stratified random sample. The table shown here is for differences in a simple random sample. The error from the proportionate random sample will, in general, be no larger than that of the simple random sample and can reasonably be expected to be smaller in many cases.

Table B-1. Sampling Errors of Differences: Two-tail P = .10*

Sample size	200	100	75	50	25
	For percentages from 35 to 65 percent				
200	8	10	11	13	17
100		12	13	14	18
75			13	15	19
50				17	20
25					23
	For percentages around 20 and 80 percent				
200	7	8	9	11	
100		9	11	12	
75			12	12	
50				13	
	For percentages around 10 and 90 percent				
200	5	6	7		
100		7			

---

* When the percentage differences between two subgroups in the sample is of the magnitude indicated in the appropriate cell, or greater, and when the difference is one which was not predicted, the probability is .10 or less that the observed difference between the subgroups was due merely to sampling error.

To Use This Table:

1. Determine the sample size of each subgroup, using the unweighted number.
2. Determine whether the percentages you wish to compare for significance are in one of the following ranges: 35-65% (Top Panel); 20 and 80% (Middle Panel); 10 and 90% (Bottom Panel).
3. Locate the number of percentage points in the proper part of Table B-1 (based on sample size and range of percents to be compared). This number will indicate the magnitude of the difference that must exist between the two observed percentages in order for the difference to be statistically significant at least at the .10 level, and not be due to sampling variability.

Source: The Survey Research Laboratory, University of Wisconsin-Extension, Madison, Wisconsin.

Appendix C

National Center for Health Statistics' Definition of Chronic Conditions

As defined by the National Center for Health Statistics (1977, Series 10, Number 113: 56-57), a condition is considered chronic if (1) the condition is described by the respondent as having been first noticed more than three months before the week of the interview, or (2) it is one of the conditions listed below which is always considered chronic regardless of the date of onset.

- *Allergy
- *Arthritis or rheumatism
- *Asthma
- Cancer
- Club foot
- Condition present since birth
- *Deafness or serious trouble with hearing
- *Diabetes
- Epilepsy
- Hardening of the arteries
- *Hay fever
- *Heart trouble
- Hemorrhoids or piles
- Hernia or rupture
- *High blood pressure
- *Kidney stones
- *Mental illness
- *Missing fingers, hand or arm, toes, foot, or leg
- Palsy
- Paralysis of any kind
- Permanent stiffness or deformity of the foot, leg, fingers, arm, or back
- Prostate trouble
- *Repeated trouble with back or spine
- Rheumatic fever
- *Serious trouble seeing, even when wearing glasses
- *Sinus trouble, repeated attacks
- Speech defect, any
- *Stomach ulcer
- Stroke
- Thyroid trouble or goiter
- Tuberculosis
- Tumor, cyst, or growth
- Varicose veins

Note: In the migrant survey, the conditions with (*) are conditions asked for specifically in Q3a-x (if bothered "very much"), Q11, Q12 (if "frequently"), Q26b,c (if "yes"). For the remaining conditions, Q2a, Type of chronic illness, Q7a, Bed illness in last two weeks, Q8a, Illness that lasted two or more days in past year, were scanned for appropriate conditions. Drinking problem was added by using the answer to Q27a, "'Often' had difficulty because of too much drinking."